#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 1 of 387

OFFICE OF THE CLERK

# UNITED STATES DISTRICT COURT WESTERN DISTRICT OF NEW YORK

Robert H. Jackson United States Courthouse 2 Niagara Square Buffalo, New York 14202 Phone: 716-551-1700 Fax: 716-551-1705 MARY C. LOEWENGUTH
CLERK OF COURT

PATRICK J. HEALY
CHIEF DEPUTY CLERK

Kenneth B. Keating Federal Building 100 State Street, Room 2120 Rochester, New York 14614 Phone: 585-613-4000

Fax: 585-613-4035

#### NOTICE

TO: S. Smith

655 Oliver St. #2

North Tonawanda, NY 14120

The enclosed documents which were received in the Office of the Clerk of the Court on 03/12/2021, are herewith returned to you, because the Court is not permitted to give legal advice. Enclosed is a civil case opening packet, if you wish to file a civil action.

MARY C. LOEWENGUTH
Clerk of the Court

By: \_\_\_\_\_\_

Dated: March 12, 2021

Attorney:
David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) 675-ATTY (2889)
Fax (716) 675-2885 \*
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

April 17, 2019

Shaulene Smith 655 Oliver Street Apt. 2 North Tonawanda, NY 14120

Re: Shaulene Smith v. City of North Tonawanda

Dear Shaulene:

As you are aware, we served a Notice of Claim on the City of North Tonawanda in March of 2018. While the City scheduled a 50-H hearing for you, they later cancelled it and have not rescheduled the hearing. However, we cannot determine who the owner of the property was that you have claimed to have fallen on and who if anyone maintained it.

Since that time, we had been gathering medical records and it appears from the imaging studies performed by September 9 2018 of your brain and cervical spine MRIs were deemed to be normal or no acute abnormalities. The imaging identifies degeneration in the cervical spine. While a report from Degraff claims that you have a mild compression of a vertebrae it does not identify what caused that condition or if the condition had pre-existed. In fact, the Emergency Room records claim that you fell in the street and that your complaints were for left abdominal pain and low back pain.

In a premise liability case, first you must prove that a property owner was negligent resulting in a person's injury. There is almost always a finding of a certain percentage of fault placed on the person walking that ranges from 1-100% responsibility for falling due to their footwear, knowledge of certain surfaces they have walked on in the past as well as the frequency of walking in a particular area, as well as having seen the condition of the walking surface prior to falling or tripping. When property owners or maintenance companies maintain their property juries will "No Cause" cases because this is Western New York and winter is something we are well aware of as well as the weather conditions. They are not afraid to dismiss cases.

Here, given the complexities of the property ownership as well as the "normal" findings on additional imaging reports with no correlation to an incident, we are electing to decline further representation of you in this matter.

NORMAN B. VIII, JR.
ROBERT G. SCUMACI (CYR NO)
TIMOTHY J. GRABER
SALLY J. BROAD
ROBERT J. MULLINS. II
MELISSA L. ZITTEL
RYAN P. CRAWFORD
MICHAEL P. SULLIVAN
MELISSA M. MORTON
MELINDA L. GRABOWSKI
JASON A. GOODMAN

GEORGE M. GIBSON (1929-2002)

JAMES S. McASKILL (1929-1995)

ATTORNEYS AT LAW
69 DELAWARE AVENUE, SUITE 900
BUFFALO, NEW YORK 14202-3866
TELEPHONE: (716) 856-4200
FACSIMILE: (716) 856-4013

Service not accepted by fax or e-mail

ALEXANDRA C. JAEHN
ENDELL J. OSUNA
SOFIA L. REZVANI
KELSEY R. RUSZKOWSKI
BETHANY A. TAYLOR
ELISHA D. TEIBEL
Special Counsel
ROBERT E. SCOTT

THEODORE A. JUERG

Special Counsel
ROBERT E. SCOTT
MICHAEL J. WILLETT
JOSEPH W. DUNBAR
CRAIG R. WATSON (NY & WA)
ELIZABETH G. ADYMY
ROBERT D. BARONE
KRISTIN A. TISCI
AARON F. GLAZER

Of Counsel VICTOR ALAN OLIVERI MARK SPITLER CAROL WHITE GIBSON PAULETTE E. ROSS

August 28, 2020

Shaulene Smith 655 Oliver Street Apartment 2 North Tonawanda, NY 14120

Re: Smith v. City of North Tonawanda

Dear Ms. Smith:

After reviewing the file materials you presented to me, it appears that a Summons and Complaint were not timely filed.

As a result, I will not be able to represent you in this matter.

Enclosed are your file materials. If you have any questions, please give me a call.

Very truly yours,

s / Charles S. Desmond

Charles S. Desmond, II for GIBSON, McASKILL & CROSBY, LLP email address: cdesmond@gmclaw.com

/kew Enclosures 5 3

# **PLEADINGS**

DAVID W. POLAK

Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) 675-ATTY (2889)
Fax (716) 675-2885 \*
Www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

July 24, 2018

Via Facsimile: (716) 695-8592

City of North Tonawanda
Office of the City Attorney
Attn: Luke A. Brown, Esq.
216 Payne Avenue
North Tonawanda, New York 14120

Re: Shaulene Smith v. City of North Tonawanda

Dear Mr. Brown:

As you are aware our office has and continues to represent Shaulene Smith who sustained injury with respect to an incident that took place on City Property on February 2, 2018.

Enclosed please find a copy of a medical records we have obtained from UBNS on behalf of our client.

Finally, the above matter was scheduled for a 50-h hearing on June 14, 2018 at 10:00 a.m. Unfortunately, Mr. Polak was out of the office for his daughter's Field Day. Would you be so kind as to reschedule the same?

Thank you for your attention to this matter. Should you have any questions please contact Mr. Polak at your earliest convenience.

Very truly yours,

MILLIA SCHOOLE

/cs

Enclosure

Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 6 of 387

# City of North Tonawanda

OFFICE OF THE CITY ATTORNEY

CITY HALL

216 PAYNE AVENUE

NORTH TONAWANDA, N.Y. 14120-5489

LUKE A. BROWN CITY ATTORNEY

NICHOLAS B. ROBINSON ASSISTANT CITY ATTORNEY (716) 695-8590 FAX (716) 695-8592

**TELEPHONE** 

May 11, 2018

David W. Polak, Attorney at Law 1370 Union Road West Seneca, NY 14224

ATT: Cheryl A. Schenk, Esq.

RE: Shaulene Smith v. City of North Tonawanda

Dear Ms. Schenk

Please be advised that at this time I am available for a 50-h hearing in the above-referenced matter at 10:00 AM on any of the following dates: Wednesday, June 6, Thursday, June 7, Tuesday, June 12, or Thursday, June 14, 2018.

As a courtesy, we offer our conference room here in North Tonawanda City Hall, 216 Payne Avenue, North Tonawanda, for the depositions, and we provide the steno.

Please contact me with your preference in scheduling and any questions you may have.

Very truly yours,

Luke A. Brown
City Attorney

LAB/lk

5/14/18

DAVID W. POLAK

Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road West Seneca. New York 14224 Phone (716) **675-ATTY** (2889) Fax (716) 675-2885 \* www.personalinjurywny.com

www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

May 14, 2018

Via Facsimile: (716) 695-8592 City of North Tonawanda City Hall Attn: Luke A. Brown, Esq. 216 Payne Avenue North Tonawanda, New York 14120

Re:

Our Client: Shaulene Smith

DOL:

**February 2, 2018** 

Dear Mr. Brown:

As a follow up to your correspondence regarding the above referenced matter. please be advised we are available June 14, 2018 at 10:00 a.m.

Kindly confirm same is still available.

Thank you for your courtesies to this matter. Should you have any questions please contact the undersigned at your earliest convenience.

Cheryl A. Schenk

/cs

# DAVID W. POLAK Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road West Seneca, New York 14224 Phone (716) **675-ATTY** (2889) Fax (716) 675-2885 \* www.personalinjurywny.com www.wnytrucklawyer.com Legal Assistant: Cheryl A. Schenk

\* (not for service)

May 14, 2018

Shaulene Smith 655 Oliver Street Apt. 2 North Tonawanda, NY 14120

Re: Shaulene Smith v. City of North Tonawanda

Dear Shaulene:

Please be advised your matter has been scheduled for a **50-h hearing on June 14, 2018 at 10:00 a.m.** 

You are to meet Mr. Polak at the North Tonawanda City Hall, 216 Payne Avenue, North Tonawanda, New York 14210.

Upon receipt of this correspondence, kindly contact the undersigned to advise your availability for same. Thank you.

Very truly yours,

Cheryl Schenk

/cs

**Fax Call Report** 

# HP LaserJet 500 MFP M525

Page 1

Fax Header Information

office fax 7166752885

Jun/7/2018 1:11:09 PM

Job	Date/Time	Туре	Identification	Duration	Pages	Result	
1972	Jun/7/2018 1:10:20 PM	Send	6958592	0:47	1	Success	

DAVID W. POLAK

Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road West Seneca, New York 14224 Phone (716) **675-ATTY** (2889) Fax (716) 675-2885 \* www.personalinjurywny.com

www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

June 7, 2018

Via Facsimile: (716) 695-8592
City of North Tonawanda
Office of the City Attorney
Attn: Luke A. Brown, Esq.
216 Payne Avenue
North Tonawanda, New York 14120

Re: Shaulene Smith v. City of North Tonawanda

Dear Mr. Brown:

The above matter is currently scheduled for a 50-h hearing on **June 14, 2018 at 10:00 a.m.** Unfortunately, Mr. Polak is going to be out of the office for his daughter's Field Day. Would you be so kind as to reschedule the same?

We thank you for your courtesies to this matter. Should you have any questions please contact the undersigned at your earliest convenience.

Very truly yours,

here a. Schenk

/cs

Fax Call Report

# HP LaserJet 500 MFP M525

Page 1

Fax Header Information

office fax 7166752885 Jul/16/2018 11:23:43 AM

Job	Date/Time	Type	Identification	Duration	Pages	Result
2343	Jul/16/2018 11:21:30 AM	Send	6502691	2:10	2	Success

Jul/16/2018 11:23:43 AM English (United States)

Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 12 of 387

# City of North Tonawanda

OFFICE OF THE CITY ATTORNEY CITY HALL 216 PAYNE AVENUE

LUKE A. BROWN CITY ATTORNEY

NICHOLAS B. ROBINSON ASSISTANT CITY ATTORNEY NORTH TONAWANDA, N.Y. 14120-5489

TELEPHONE (716) 695-8590 FAX (716) 695-8592

May 11, 2018

David W. Polak, Attorney at Law 1370 Union Road West Seneca, NY 14224

ATT: Cheryl A. Schenk, Esq.

RE: Shaulene Smith v. City of North Tonawanda

Dear Ms. Schenk

LAB/lk

Please be advised that we have scheduled a 50-h hearing in the above-referenced matter for Thursday, June 14, 2018, at 10:00 AM, here in our city attorney's conference room, North Tonawanda City Hall, 216 Payne Avenue, North Tonawanda.

Should you have any questions, please do not hesitate to contact me.

Very truly yours.

Its A. Brown /k

City Attorney

4/7/18 Lest missage us Cinda es lilepor

sent letter to client on 5/14/18

Fax Call Report

## HP LaserJet 500 MFP M525

Page 1

Fax Header Information

office fax 7166752885 May/14/2018 11:20:48 AM

Job	Date/Time	Туре	Identification	Duration	Pages	Result	
1719	May/14/2018 11:20:00 AM	Send	6958592	0:44	1	Success	

Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) 675-ATTY (2889)
Fax (716) 675-2885 \*
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

March 18, 2019

Via Facsimile: (716) 695-8592

City of North Tonawanda
Office of the City Attorney
Attn: Luke A. Brown, Esq.
216 Payne Avenue
North Tonawanda, New York 14120

Re: Shaulene Smith v. City of North Tonawanda

Dear Mr. Brown:

As you are aware our office has and continues to represent Shaulene Smith who sustained injury with respect to an incident that took place on City Property on February 2, 2018.

Enclosed please find a copy of a medical records we have obtained from UBNS/Dr. Jonathan Riley on half of our client Shaulene Smith.

Thank you for your courtesies to this matter. Should you have any questions please contact Mr. Polak at your earliest convenience.

Very truly yours,

Mul. A. Schenk
Cheryl A. Schenk

/cs

Enclosure

STATE OF NEW YORK SUPREME COURT : COUNTY OF NIAGARA										
SHAULENI	SHAULENE SMITH									
-VS			Plaint	iff(s),	AFFI	DAVIT OF SE	RVICE			
CITY OF N	ORTH T	ONAV	WANDA							
			Defen	dant(s).						
State of New County of Eri	-	) ) ss.:			<del></del> :					
to this action;	that on Me, North T	Iarch 2	6, 2018, at approx	ximately 12:35	p.m. at the City of	of North Tonawa	ears of age and not a party nda City Hall at 216 vaniel R. Quinn in the			
Individual			elivering a true co		id recipient perso	onally; deponent	knew the person so			
Corporatio	on	*	elivering to and le t service on beha			who stated l	he/she was authorized to			
_X Responsib	ole Person	and d	elivering to and le iscretion. Said prolace of business	emises being th	ne recipient's	ue copy thereof, dwelling place _	a person of suitable age usual place of abode,			
Affixing to	o Door	place unabl	By affixing a true copy thereof to the door of said premises, which is recipient's dwelling place usual place of abode place of business within the State of New York. Deponent was unable, with due diligence to find recipient or a person of suitable age and discretion, thereat, having called thereon:							
Mail		above	4 "				dressed envelope, the stody of the United States			
Description Sex	n Skin		Hair	Age	Height	Weight	Other			
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DATED:	West Seneca, New York									
Notary Publi	Totary Public									

JAMES A. PARTACZ
Notary Public, State of New York
Reg. #02PA4735162
Qualified in Erie County
My Commission Expires Dec. 31, 20



Blad L Lavy, MD, MEA, FACS, FANA Geografy L Castlelia, MD, FACS Jason M. Davies, M.D. PhD John G. Falmback CV, HD Bevin L Chibons, MD, FACS, FAANS Heeral LL MD Douglas & Moreland, MD, FACS Jeffry P. Jacks, MD, LASA Robert J. Plankett, MD John Politica MD, FACS Rende Reynolds, HD, FAAKS

Interventional Pala Hanagement Jafar W. Dadagal, MD, FAAPNIR, DARPM Andrea C. Mong, HD, DABA, DABAPIA, APH

Adican H. Statilizad, M.C., Ph.O., FACE, FAHA Kenneth V. Smyder, Mill, Phill, FAM'S Michael R. Stoffman, MD. FACS, FAARS

> Chromesters Josephan P. Beck, DC Sungay Kapanar, DC

Josephan Mey, MD

3903-A Sheridan Drive Amherst, NY 14226 716/218-1000 EMR Pair: 716/650-2691

Beilelo General Medical Center 100 High Street - Section B4 Bullala, NY 14203 714/218-1800 EMR Fate 716/859-7480 & 7481

5000 the Tree Board - State 107 Occlosed Park, NY 14127 716/218-1000 DMF@716677-4038

Other Children's Outpatient Center Converses Building 1001 Main Street - 3rd Floor Partolo, NY 14203 714/218-1640 Blatter 716/342-2535

> The Park Center 180 Park Onb Lane Historial N. 14221 716/839-9402 E線F常刀約89-3570

6930 Williams Road - Saite 3800 Or. Midnel Staffmant Mayor Falls, NY 14304 716/218-1200 EMFAX 716/205-83%

Interventional Pain Massagemeent (Cr. John Siddicul, Dr. Andrea Wood) 10 Part Clas Lass See 250 Harry de IT HOLL 716/218-1000 日朝1年7145期-1477 December 6, 2018

Patient Name:

Shaulene N Smith

Date of Birth: Date of Exam: 11/15/1973 12/06/18

Resident Physician:

David Smolar, MD Attending Physician: Jonathan Riley, MD

History: Ms. Smith is a 45-year-old female seen in followup for her prior T12 compression fracture. The patient also noted previously to be clinically myelopathic. A workup including an MRI of the brain and the cervical spine with and without contrast and neurology consultation were completed.

The patient denies any symptoms except for continued midline back pain in the lower thoracic region at the site of her prior fracture. She also describes a burning sensation in this area. There is pain with palpation in this region. She is otherwise doing well. No difficulties with ambulation. Some longstanding left shoulder pain.

Physical Examination: Ms. Smith is awake, alert, and oriented. Face is symmetrical. Tongue is midline. In bilateral upper extremities, right upper extremity is 5/5 throughout and left upper extremity distal 4+/5 in grip which is longstanding and pain limited. No Hoffman's sign. Bilateral lower extremities are 5/5 throughout. No hyperreflexia or clonus is noted. Sensation is grossly intact to light touch throughout.

Review of Studies: Cervical spine and brain MRI with and without contrast from 09/06/2018 are unremarkable. Otherwise, no new imaging; however, MRI of the thoracic spine from 08/08/2018 is unremarkable.

Medical Decision Making: Ms. Smith is a 45-year-old female complaining only of mild midline back pain. She had a prior T12 small compression fracture which has remained stable and was treated conservatively with bracing. At this point, Ms. Smith is cleared from a neurosurgical standpoint to return to her regular activities including work. She may follow up on a PRN basis. The patient was instructed to call the office with any concerns.

Thank you for allowing us to participate in the care of this patient,

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial enco

Shaulene N Smith DD 12/06/2018

Page #2

DONA - NO

Electronically signed by David Smolar, MD-Resident David Smolar, MD

I have seen and examined the patient and agree with the above.

Time Alex

Electronically signed by Jonathan Riley, MD Jonathan Riley, MD DS/jmb

cc Lynne Ross MD

Dent Neurologic Institute Christopher Deline MD



Plad I, Levy, MD, MRA, FACS, FAIM Geogray I, Castiglia, MD, FACS Jason MI, Davies, MD, PhD John G, Robeback NY, MO Ervin I, Gibbons, MD, FACS, EAAMS Veeral II, MD Douglas B, Hereland, MD, FACS Jeffry P, Nodika, MD, MBA Robert J, Plankert, MD John Polikas, MD, EACS

Renée Reynelds, JAD, FAAHS Josephan Miey, MD Adrian H., Siddigui, MD, PhD, FACS, FARA Kenneth V. Snyder, MD, PACS, FAAHS Mikhoel B. Stoffman, MD, FACS, FAANS

Interventional Pala Monagement John W. Saldapal, ND, FAAPMR, DAIPH Andres C. Henry, ND, IMBA, DABAPM, NEW

> Chiroperacteus Ionathus P, Beck, DC Sunjey Kapoor, DC

3900-A Sheddan Drive Amhent, NY 14226 7167218-1800 EMG Fan: 716/650-2691

Buitho General Medical Conter 100 High Servet-Section B4 Buitala, NY 14303 734/218-1800 EMR Face 716/859-7480 A: 7481

5959 Blg Title Read - Side: 103 Ordand Park, NY 14127 Y14/218-1600 DAS Fee: 716/677-4088

Cishel Children's Outpellent Centur Communs Building 1001 Main Street - 3rd Floor Buildin, NY 14200 714/218-1940 EMR Fat: 716/342-2535

> The Park Cester 189 Park Challane Yamumalie, NY 14221 214/1891-1402 EHR Face 716/189-3570

4220 Williams Book - Suite 2000 (Dr. Alkinosi Stollinum) Magasa Falk, NY 14304 2147218-1800 EMR Fast 716/205-6386

Interventional Pala Management (Dr. Jaine Siddiqui, Dr. Andrea Wong) 100 Ports Chob Lease Soite 250 Williamsville, NY 14221 714/218-1080 EME Face 716/580-7677 Date: 03/14/19

Name:

Shaulene N Smith

Jones Rlay

DOB: 11/15/1973

Shaulene N Smith may return to work on 03/18/2019 with the following restrictions: light duty.

Sincerely,

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD

# Fax Call Report

## HP LaserJet 500 MFP M525

Page 1

#### Fax Header Information

office fax 7166752885 Mar/18/2019 3:00:28 PM

Job	Date/Time	Type	Identification	Duration	Pages	Result	
4253	Mar/18/2019 2:59:05 PM	Send	6958592	1:21	4	Success	

DAVID W. POLAK

Attorney at Law P.C

Attorney: David W. Polak, Esq.

1370 Union Road West Seneca, New York 14224 Phone (716) **675-ATTY** (2889) Fax (716) 675-2885 \* www.personalinjurywny.com www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

March 14, 2019

Via Facsimile: (716) 650-2691

**UBNS** 

Attn: Dr. Jonathan Riley 3980-A Sheridan Drive Amherst, New York 14226

Re:

**Your Patient:** 

Shaulene Smith

Date of Birth: Date of Injury:

November 15, 1973 February 2, 2018

Dear Dr. Riley:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene from December 5, 2018 to present as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Cheryl Schenk

Enclosure

STATE OF NEW YOR SUPREME COURT:	COUNTY OF NIAGARA
SHAULENE SMITH,	
	Claimant,
V.	

NOTICE OF CLAIM

CITY OF NORTH TONAWANDA.

Respond	ent.	

PLEASE TAKE NOTICE that SHAULENE SMITH, the Claimant herein, by her attorneys, David W. Polak Attorney At Law, P.C., does hereby claim as follows:

- 1. I am the Claimant in the above-captioned matter and I currently reside at 655 Oliver Street, Apt. 2, North Tonawanda, New York 14120.
- 2. On February 2, 2018, while walking to work on a public sidewalk on Payne Avenue in the City of North Tonawanda, County of Niagara and State of New York, was caused to slip and fall due to the hazardous, dangerous and slippery condition that was either left to remain untreated and/or was created by the City, its employees or entities that control and maintain the subject sidewalks and/or their failure to remove snow and ice from the sidewalk along Payne Avenue in the City of North Tonawanda adjacent to John Brauer Park. My claim against The City of North Tonawanda is based upon their negligence, failure to maintain, control and upkeep of the sidewalk, and/or creating a dangerous and hazardous condition.
- 3. As a result of my fall, I sustained a very serious injury to my spine suffering a vertebral compression fracture of my thoracic spine at the T-12 level. The injury has not healed properly and most likely will be permanent in nature.

- 4. I recently retained David W. Polak Attorney At Law., P.C. to represent me in connection with this claim. Their law offices are located at 1370 Union Road, West Seneca, New York 14224. The firm's telephone number is (716) 675-2889.
- 5. I am hereby making a claim for an undetermined amount of money against the municipal Respondent, the City of North Tonawanda, for personal injury, pain and suffering including loss of enjoyment of life.

DATED:

West Seneca, New York

March 26, 2018

SHAULENE SMITH

STATE OF NEW YORK )
)SS:
COUNTY OF ERIE )

On this \_\_ day of March 2018 before me, the undersigned, a notary public in and for said state, personally appeared **SHAULENE SMITH** personally known to me or provided to me on the basis of satisfactory evidence to be the individual whose names is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC

Sworn to before me this 26 The day of March 2018.

Notary Public

DAVID W. POLAK
NOTARY PUBLIC STATE OF NEW YORK
QUALIFIED IN ERIE COUNTY
LIC. #02PO6061682

MY COMMISSION EXPIRES JULY 16, 20\_19

DAVID W. POLAK

Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road West Seneca, New York 14224 Phone (716) **675-ATTY** (2889) Fax (716) 675-2885 \* www.personalinjurywny.com www.wnytrucklawyer.com Legal Assistant: Cheryl A. Schenk

\* (not for service)

December 6, 2018

Via Facsimile: (716) 695-8592

City of North Tonawanda
Office of the City Attorney
Attn: Luke A. Brown, Esq.
216 Payne Avenue
North Tonawanda, New York 14120

Re: Shaulene Smith v. City of North Tonawanda

Dear Mr. Brown:

As you are aware our office has and continues to represent Shaulene Smith who sustained injury with respect to an incident that took place on City Property on February 2, 2018.

Enclosed please find a copy of a medical records we have obtained from Advanced Care Physical Therapy on half of our client Shaulene Smith.

Thank you for your courtesies to this matter. Should you have any questions please contact Mr. Polak at your earliest convenience.

herd a. Schenk

Cheryl A. Schenk

/cs

Enclosure

# **Advanced Care Wheatfield**

3780 Commerce Court **STE 300** Wheatfield, NY 14120-2025

**Idvanced** Care Personal care that gets you results.

Phone: (716) 282-

2888

Fax: (716) 285-1281

Progress Evaluation for Shaulene Smith11/15/1973

Case: Neck & BAck/Wellcare

Therapist: Craig Reinstein MSPT CMTPT FAFS

CLT CCT

Nicholas Chuba, PT, DPT Referred by: Jonathan Riley, MD

09/06/18 🗸 Diagnosis: Cervical disc disorder with myelopathy, unspecified cervical region Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with

routine healing

#### Subjective

I'm very tired today from getting updated imaging for the neurologist later this month. My pain is not as bad and am going without my brace more often.

#### Precautions

Relevant precautions/contraindications; Wedge fracture T11-T12 non surgical, HTN.

**Medical History Questionaire** 

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

**Patient Rights** 

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

Medications

Medications: See attached list.

**Imaging** 

Imaging: Results: T11-T12 compression fx maintaining.

Past Medical History:

Past Medical History: No significant history.

Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

#### Onset

Date of Onset: February 2018. Description: Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition, Provacative Factors, sitting, standing, Haling, Alleviating ractors: Laying down is most comfortable position. Work Status: Unemployed. Past Treatments: None.

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

Page 1 of 6

# Fax Call Report

## HP LaserJet 500 MFP M525

Page 1

#### Fax Header Information

office fax 7166752885

Mar/14/2019 4:15:32 PM

Job	Date/Time	Туре	Identification	Duration	Pages	Result
4219	Mar/14/2019 4:13:18 PM	Send	6502691	2:08	2	Success

AUTHORIZATION FOR RELEASE OF HEALTH INFORM

OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

D.	tient Name Date of Birth	Social Security Number
	Sharulese Smith 11/15/73	
p,	tient Address	100
	655 6/iver St. #2 North Tonaware	a NJ. 14120
L	my authorized representative, request that health information regarding my care and treatment be r	cleased as set forth on this form:
1, 0	my authorized representative, request that health information regarding my out of the description and A	countability Act of 1996
ln :	ccordance with New York State Law and the Privacy Rule of the Health Insurance Portability and A	Scouling 1100 of the
	dia a s. V. B. T.	
1.	This authorization may include disclosure of information relating to ALCOHOL and DRUG EATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION OF THE PROPERTY OF THE PR	ON only if I place my initials on
TR	appropriate line in Item 9(a). In the event the health information described below includes any of	hese types of information, and I
	to the interest of the second	a) marcatod in ream of
_ 1	les de l'aire de relegge of UIV-related alcohol or drig frealment, or mental health treath	Cut unothernous are transference and
- 1	by the last statement of the last statement without my sufficient unless permitted to do so	diluci icaciai oi state iati.
	l and the market to request a list of people who may receive or use my filly-related into	IIIMIOII WITHOUT BUTHOLISMION
	the release or disclosure of HIV-related information, I may com-	act the tien tone our orate
of	Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212)	500-7450. These agencies are
- 1	1 to William and significant to the state of	
3	have the right to revoke this authorization at any time by writing to the health care provider listed	ion
rev	I will all the extent that action has already been taken based on this authorizan	IUII.
4.	understand that signing this authorization is voluntary. My treatment, payment, enrollment in	a nomine plant or trigitally
ber	efits will not be conditioned upon my authorization of this disclosure.  Information disclosed under this authorization might be redisclosed by the recipient (except as n	oted above in Item 2), and this
	to the protected by federal or state law	
	sclosure may no longer be protected by federal or state law. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH IN	FORMATION OR MEDICAL
CA	DE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY S	PECIFIED IN LIGHT > (b).
7 4	Name and address of health provider or entity to release this information:	VADIMON KILLEY-

Name and address of person(s) or category of person to whom this information 9(a). Specific information to be released: to (insert date) Medical Record from (insert date) Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers. Include: (Indicate by Initialing) Other: Alcohol/Drug Treatment Mental Health Information HIV-Related Information Authorization to Discuss Health Information I authorize (b) 
 By initialing here Name of individual health care provider Initials to discuss my health information with my attorney, or a governmental agency, listed here: (Attorney/Firm Name or Governmental Agency Name) 11. Date or event on which this authorization will expire: 10 Reason for release of information: ☐ At request of individual Dother: 13. Authority to sign on behalf of patient: If not the patient, name of person signing form: All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form

Signature of patient or representative authorized by law.

Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

#### Pain Rating

Verbal Pain Rating at Present

6 - Moderate Pain

(4 - 6)

Verbal Pain Rating at Best

5 - Moderate Pain

(4 - 6)

Verbal Pain Rating at Worst

10 - Worst Imaginable Pain

## Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

## General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor on:.

#### Objective

Low Back Pain Scale	Result	Note
FOM DRCK LAIN 2CSI6		
Section 1- Pain intensity	5. The pain is severe and does not vary much.	
Section 4-Walking	<ol> <li>4.I cannot walk more than</li> <li>1/4 mile without increasing pain.</li> </ol>	
Section 5-Sitting	3.Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
OPTIMAL (Functional Tool)	00700	
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

#### Gait

Abnormality: Slow Speed. Poor Balance.

Result

Note

Shaulene SmithPrinted on: 11/20/2018 12:49 PM Page 2 of 6

Cervical Active ROM			
Cervical Extension AROM	27 degi	rees	
Cervical R. Rotation AROM	55 degr	'ees	painful
Lumbar Active ROM			•
Lumbar Flexion	10°		
Lumbar Extension	0 °		
Upper Quarter Manual Assessment			
Physiological Side Glide (C2-7)	Limited	due to pain	
Flexibility		, , , , ,	
L. Upper Trap	Abnorma	al	
Sub-occipital	Abnorma	al	
Neural Tension Tests			
L. Median Tension Test	Positive		
L. Radial Nerve Tension Test	Positive		
Palpation Tenderness Scale			
Tenderness	4 = Unab	le to Palpate	
Elbow Muscle Testing		•	
Triceps Strength	3- /5		
Wrist Muscie Testing			
Wrist Flexor Strength	3- /5		
Bilateral Lower Extremity	Left	Right	
LE Myotome Testing (MMT)		-	
L2-3 (Hip Flexors)	3 /5	4 /5	
L3-4 (Knee extensors)	3 /5	4+ /5	
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5	
Assessment			

Patient was able to perform about half the session standing and half the session in sitting which shows improved tolerance/endurance to more weightbearing positions with less pain. Introducing further low grade exercises to improve UE and LE weakness to tolerance with back pain. Able to perform entire therapy session without back brace and no significant increase in pain demonstrating improving endurance.

#### **Assessment**

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. Rehabilitation Potential: Good with skilled physical therapy and implementation of comprehensive HEP. Lower Quarter Problems: Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. Low Back Diagnosis: Lumbar strain/sprain. Thoracic Diagnosis: Compression fracture T11-T12.

#### Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

Plan

Plan

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

Page 3 of 6

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities pm.

#### Plan of Care

Frequency: 2-3 visits per week. Duration: 8-12 weeks. Manual Therapy Techniques: To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. Stabilization Exercise: Review and progress stabilization exercise program to Improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. Therapeutic Exercise: To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve, muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. Therapeutic Activities: To use functional, dynamic tasks from everyday living to improve range of motion and strength. Self Care/ Home Management: For ADL training, safety and/or instruction in use of adaptive equiptment. Neuromuscular Re-education: To re-educate movement, balance, coordination, kinesthetic sense, posture and/or propioception for sitting and/ or standing activities.

## **Treatment Plan Discussion**

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals			word of cold,	and bloc	inosis with pat	ient.
Item	Initial	Current	Goal	By Date	Progress	Achieved
1: Verbal Pain Rating at Present	6 - Moderat g Pain (4 - 6)	e 6 - Modera Pain (4 - 6)		11/8/18		On
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
Pain Intensity	<ul> <li>5.The pain is severe and does not var much.</li> </ul>	severe and	comes and	11/8/18		
4: Section 4 Walking	<ul> <li>4.l cannot walk more than 1/4 mile without increasing pain.</li> </ul>	4.l cennot walk more than 1/4 mile without increasing pain.	0.1 have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.1 can sit in any chair as long as I like.	11/8/18		
	increasing	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
7: Total Score	38 /50	38 /50	0 /50	11/8/18		

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8: Sitting	Able to	o do	Able to	n al-	***	
	with m difficul	uch	with m	uch	Able to d without a difficulty (	ny
9; Squattin	with modera	ate	Able to with modera	do ate	Able to do without an difficulty (	D 11/8/18
10:	difficult Able to		difficult			
Balancing	with modera difficulty	te	Able to with modera difficulty	te	Able to do without an difficulty (1	V
11: Walking short distances	<ul> <li>Able to a with much difficulty</li> </ul>	ch	Able to with muddifficulty	ch	Able to do without any difficulty (1	11/8/18 / )
12; Reaching	Able to c with muc difficulty	h (4)	Able to difficulty	h	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to (5)	o do	Unable to (5)	o do	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110		66 /110		22 /110	11/8/18
15: Abnormality	Slow Spec Poor Balance.		Slow Spe Poor Balance.	ed.	Normal galt	11/8/18
16; Tenderness	4 = Unable Palpate		f = Unable Palpate	V	) = No pain vith Palpation	11/8/18
17: L. Median Tension Test	Positive	F	ositive		legative	11/8/18
18: L. Radial F Nerve Tension Test	ositive	P	ositive	N	egative	11/8/18
19: L. Upper A Trap	bnormal	Ai	normal	No	ormal	11/8/18
20: Sub- A occipital	bnormal	Ab	normal	No	rmal	11/8/18
21: Li Physiologica to I Side Glide (C2-7)	mited due pain		nited due pain	WF	=	11/8/18
22: Lumbar 0 ° Extension	•	0°		30 '	• 1	11/8/18
23: Lumbar 10 <sup>o</sup> Flexion	% *	10 '	D	90°	1	1/8/18
24: Cervical 27 Extension AROM	degrees	27 0	legrees	60 d	egrees 1	1/8/18
25: Cervical 55 of R. Rotation	iegrees	55 d	egrees	90 d	egrees 11	/8/18

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AROM				
26: Wrist Flexor Strength	3- /5	3-/5	5 <i> </i> 5	11/8/18
27: Triceps Strength	3- /5	3-/5	5 /5	11/8/18
Bilateral Lov	ver Extre	mity		
28: L2-3 (Hip Flexors)		3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 <i> </i> 5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

Millell PT, DPT

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chuba, PT, DPT

09/06/18 6:16 pm

Craig Reinstein MSPT CMTPT FAFS CLT CCT

09/10/18 7:34 pm

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#### Advanced Care Wheatfield

3780 Commerce Court STE 300 Wheatfield, NY 14120-2025

Phone: (716) 282-2888

Fax: (716) 285-1281

Progress Evaluation for Shaulene Smith11/15/1973 Case: Neck & BAck/Wellcare Therapist: Kristy Frye PT DPT Nicholas Chuba, PT, DPT Referred by: Jonathan Riley, MD



Diagnosis: Cervical disc disorder with myelopathy, unspecified cervical region Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing

#### Subjective

I was very sore over the weekend from pushing it harder last visit from feeling so good. I was thinking about buying an exercise bike like the one here for home and hoping that's ok.

#### **Precautions**

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN. Medical History Questionaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

#### **Patient Rights**

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

#### Medications

Medications: See attached list.

#### **Imaging**

Imaging: Results: T11-T12 compression fx maintaining.

#### Past Medical History:

Past Medical History: No significant history.

#### Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

#### Onset

Date of Onset: February 2018. Description: Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. Provacative Factors: sitting, standing, lifting. Alleviating Factors: Laying down is most comfortable position. Work Status: Unemployed. Past Treatments: None.

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

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Pain Rating

Verbal Pain Rating at Present

6 - Moderate Pain

(4 - 6)

Verbal Pain Rating at Best

5 - Moderate Pain

(4 - 6)

Verbal Pain Rating at Worst

10 - Worst Imaginable Pain

#### Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

#### General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor

-	-	-	_	-	_
П	h	io	n	Ħ	V/o

	Result	Note
Low Back Pain Scale		
Section 1- Pain Intensity	5.The pain is severe and does not vary much.	
Section 4-Walking	4.1 cannot walk more than 1/4 mile without increasing pain.	
Section 5-Sitting	<ol><li>Pain prevents me from sitting more than 1/2 hour.</li></ol>	
Section 6-Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
PPTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

Abnormality: Slow Speed. Poor Balance.

Result

Note

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Cervical Active ROM			
Cervical Extension AROM	27 deg	rees	
Cervical R. Rotation AROM	55 deg	rees	painful
Lumbar Active ROM			•
Lumbar Flexion	10 °		
Lumbar Extension	0 °		
Upper Quarter Manual Assessment			
Physiological Side Glide (C2-7)	Limited	due to pain	
Flexibility		,	
L. Upper Trap	Abnorm	al	
Sub-occipital	Abnorm	al	
Neural Tension Tests			
L. Median Tension Test	Positive		
L. Radial Nerve Tension Test	Positive		
Palpation Tenderness Scale			
Tenderness	4 = Unal	ple to Palpate	
Elbow Muscle Testing			
Triceps Strength	3-75		
Wrist Muscle Testing			
Wrist Flexor Strength	3- /5		
Bilateral Lower Extremity	Left	Right	
LE Myotome Testing (MMT)		0	
L2-3 (Hip Flexors)	3 /5	4 /5	
L3-4 (Knee extensors)	3 /5	4+ /5	
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5	
Assessment			

Patient was able to perform about half the session standing and half the session in sitting which shows improved tolerance/endurance to more weightbearing positions with less pain. Introducing further low grade exercises to improve UE and LE weakness to tolerance with back pain. Will assess tolerance to activities without brace next visit.

#### **Assessment**

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. Rehabilitation Potential: Good with skilled physical therapy and implementation of comprehensive HEP. Lower Quarter Problems: Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. Low Back Diagnosis: Lumbar strain/sprain. Thoracic Diagnosis: Compression fracture T11-T12.

#### Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

#### Plan

#### Plan

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

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functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities prn.

#### Plan of Care

Frequency: 2-3 visits per week. Duration: 8-12 weeks. Manual Therapy Techniques: To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. Stabilization Exercise: Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. Therapeutic Exercise: To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve, muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. Therapeutic Activities: To use functional, dynamic tasks from everyday living to improve range of motion and strength. Self Care/ Home Management: For ADL training, safety and/or instruction in use of adaptive equiptment. Neuromuscular Re-education: To re-educate movement, balance, coordination, kinesthetic sense, posture and/or propioception for sitting and/ or standing activities.

#### Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals				,	,	MIL.
Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderat g Pain (4 - 6)	e 6 - Moderat Pain (4 - 6)	e 0 - No Pair	11/8/18		Gii
2: Verbai Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section of Pain intensity	<ul> <li>5.The pain is severe and does not var much.</li> </ul>	severe and	comes and	11/8/18		
4: Section 4 Walking	<ul> <li>4.I cannot walk more than 1/4 mile without increasing pain.</li> </ul>	4.l cannot walk more than 1/4 mile without increasing pain.	0.I have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.1 can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
7: Total Score	38 /50	38 /50	0 /50	11/8/18		
8: Sitting	Able to do	Able to do	Able to do	11/8/18		

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

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	with n difficu		with muc difficulty		without an difficulty (1	
9: Squatti	ng Able to with moder difficul	ate	Able to d with moderate difficulty	3	Able to do without any difficulty (1	11/8/18 / )
10: Balancing	Able to with moder difficult	ate	Able to d with moderate difficulty (	- }	Able to do without any difficulty (1)	
11: Walkin short distances	g- Able to with mi difficult	uch	Able to do with much difficulty (	7	Able to do without any difficulty (1)	
12: Reaching	Able to with mu difficulty	ich	Able to do with much difficulty (4		Able to do without any difficulty (1)	11/8/18
13: Carryin	g Unable (5)		Unable to (5)	do	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110		66 /110		22 /110	11/8/18
15: Abnormality	Slow Sp Poor Balance		Slow Spee Poor Balance.	ed.	Normal gait	11/8/18
16: Tenderness	4 = Unal Palpate		4 = Unable Palpate		0 = No pain with Palpation	11/8/18
17: L. Median Tension Tes	Positive t	F	Positive	i	Negative	11/8/18
18: L. Radial Nerve Tension Test		F	ositive.	1	Vegative	11/8/18
19: L. Upper Trap	Abnorma	I A	bnormal	ħ	lormal	11/8/18
20: Sub- occipitai	Abnormal	Α	bnormal	٨	iormal	11/8/18
21: Physiologica I Side Glide (C2-7)	Limited du to pain		mited due pain	M	/FL	11/8/18
22: Lumbar Extension	0 °	0 '	•	30	) °	11/8/18
23: Lumbar Flexion	10% °	10	•	90	) °	11/8/18
24: Cervical Extension AROM	27 degrees	s 27	degrees	60	degrees	11/8/18
25: Cervical R. Rotation AROM	55 degrees	s 55	degrees	90	degrees	11/8/18

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26: Wrist Flexor Strength	3- /5	3- <i>1</i> 5	5 /5	11/8/18
27: Triceps Strength	3- /5	3-/5	5 /5	11/8/18
Bilateral Low	er Extremity			
28: L2-3 (Hip Flexors)	3 /5	3 /5	<b>5</b> /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

Fiell Cll PT, DPT

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chuba, PT, DPT

09/05/18 7:53 am

Kristy Frye PT DPT 09/05/18 9:47 am

dusty of Faye M. DPT

Shaulene SmithPrinted on: 11/20/2018 12:49 PM Page 6 of 6

Visit Date: 09/04/18

# Advanced Care Wheatfield

3780 Commerce Court **STE 300** Wheatfield, NY 14120-2025

Phone: (716) 282-2888

Fax: (716) 285-1281

Progress Evaluation for Shaulene Smith11/15/1973 Case: Neck & BAck/Wellcare Therapist: Craig Reinstein MSPT CMTPT FAFS CLT CCT

Nicholas Chuba, PT, DPT Referred by: Jonathan Riley, MD

Advanced Care to a later than White Control Care Personal care that gets you results.

08/30/18 🗸

Diagnosis: Cervical disc disorder with myelopathy, unspecified cervical region Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing

#### Subjective

I feel really good today actually, trying to do more in sitting and standing at home. I've been taking the brace off more at home since they told me to start discontinuing it and starting slow during times when I'm not so active. I'll be calling a neurologist today, they're supposed to be getting me

#### Precautions

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN. Medical History Questionaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

#### **Patient Rights**

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

Medications: See attached list.

#### Imaging

Imaging: Results: T11-T12 compression fx maintaining.

# Past Medical History:

Past Medical History: No significant history.

# Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

Date of Onset: February 2018. Description: Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. Provacative Factors: sitting, standing, lifting. Alleviating Factors: Laying down is most comfortable position. Work Status: Unemployed. Past Treatments: None.

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Pain Rating

Verbal Pain Rating at Present

Verbal Pain Rating at Best

Verbal Pain Rating at Worst

6 - Moderate Pain

(4 - 6)

5 - Moderate Pain

(4 - 6)

10 - Worst

Imaginable Pain

Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor on:.

## Objective

Result	Note
5.The pain is severe and does not vary much.	
<ol> <li>4.I cannot walk more than</li> <li>1/4 mile without increasing pain.</li> </ol>	
<ol><li>Pain prevents me from sitting more than 1/2 hour.</li></ol>	
<ol> <li>4.I cannot stand for longer than 10 minutes without increasing pain.</li> </ol>	
38 /50	
Able to do with much difficulty (4)	
Able to do with moderate difficulty (3)	
Able to do with moderate difficulty (3)	
Able to do with much difficulty (4)	
Able to do with much difficulty (4)	
Unable to do (5)	
66 /110	
	5.The pain is severe and does not vary much.  4.I cannot walk more than 1/4 mile without increasing pain.  3.Pain prevents me from sitting more than 1/2 hour.  4.I cannot stand for longer than 10 minutes without increasing pain.  38 /50  Able to do with much difficulty (4)  Able to do with moderate difficulty (3)  Able to do with much difficulty (3)  Able to do with much difficulty (4)  Unable to do (5)

#### Gait

Abnormality: Slow Speed. Poor Balance.

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Cervical Active ROM	Resul	t	Note
Cervical Extension AROM	27 do		
Cervical R. Rotation AROM	27 deg	-	
Lumbar Active ROM	55 deg	rees	painful
Lumbar Flexion	10 °		
Lumbar Extension	0.0		
Upper Quarter Manual Assessment	O		
Physiological Side Glide (C2-7)	Limited	due to pain	
Flexibility	Limiteo	due to pain	
L. Upper Trap	Abnorm	nal	
Sub-occipital	Abnorm	. 441	
Neural Tension Tests		•	
L. Median Tension Test	Positive		
L. Radial Nerve Tension Test	Positive		
Palpation Tenderness Scale			
Tenderness	4 = Unat	ole to Palpate	
Elbow Muscle Testing		to i diputo	
Triceps Strength	3-/5		
Wrist Muscle Testing			
Wrist Flexor Strength	3- /5		
Bilateral Lower Extremity	Left	Right	
LE Myotome Testing (MMT)			
L2-3 (Hip Flexors)	3 /5	4 /5	
L3-4 (Knee extensors)	3 /5	4+ /5	
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5	
Assessment			

Patient was able to perform about half the session standing and half the session in sitting which shows improved tolerance/endurance to more weightbearing positions with less pain. Only muscular soreness reported following the treatment session with minor pain compared to

#### **Assessment**

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. Rehabilitation Potential: Good with skilled physical therapy and implementation of comprehensive HEP. Lower Quarter Problems: Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. Low Back Diagnosis: Lumbar strain/sprain. Thoracic Diagnosis: Compression fracture T11-T12.

# Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

Plan

Plan

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Page 3 of 6

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities pm.

#### Plan of Care

Frequency: 2-3 visits per week. Duration: 8-12 weeks. Manual Therapy Techniques: To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. Stabilization Exercise: Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. Therapeutic Exercise: To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve. muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. Therapeutic Activities: To use functional, dynamic tasks from everyday living to improve range of motion and strength. Self Care/ Home Management: For ADL training, safety and/or instruction in use of adaptive equiptment. Neuromuscular Re-education: To re-educate movement, balance, coordination, kinesthetic sense, posture and/or propioception for sitting and/ or standing activities.

# Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals				ages and brod	luosis with bat	ient.
<i>ltem</i>	Initial	Current	Goal	By Date	Progress	Achieved
1: Verbal Pain Rating at Present	6 - Moderat Pain (4 - 6)	9 6 - Modera Pain (4 - 6)	le 0 - No Pair	11/8/18		On
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
Pain intensity	<ul> <li>5.The pain is severe and does not van much.</li> </ul>	severe and	comes and	11/8/18		
4: Section 4 Walking	<ul> <li>4.I cannot walk more than 1/4 mile without increasing pain.</li> </ul>	4.I cannot walk more than 1/4 mile without increasing pain.	0.I have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.I can sit in any chair as long as I like.	11/8/18		
Standing	stand for longer than 10 minutes without increasing	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
7: Total :	38 /50	38 /50	0 /50	11/8/18		

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8: Sitting	Able t with n difficu	nuch	Able i with n difficu	nuch	Able to do without ar difficulty (	ער
9: Squattir	ng Able to with moder difficult	ate	Able to with moder difficul	o do ate	Able to do without an difficulty (1	11/8/18
10: Balancing	Able to with modera difficulty	ete	Able to with modera difficult	do	Able to do without any difficulty (1	11/8/18 / )
11: Walking short distances	with mu difficulty	ch (4)	Able to with mu difficulty	do ch	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to d With mud difficulty	ch (4)	Able to difficulty	ch	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to		Unable t (5)		Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	•	66 /110		22 /110	11/8/18
15: Abnormality	Slow Spe Poor Balance.	F	Slow Spe Poor Balance.	ed. M	Normal gait	11/8/18
16: Tenderness	4 = Unable Palpate	e to 4		W	= No pain ith alpation	11/8/18
17: L. Median Tension Test	Positive	P	ositive		egative	11/8/18
18: L. Radial F Nerve Tension Test	Positive	Po	ositive	Ne	egative	11/8/18
19: L. Upper A Trap	bnormal	Ab	normal	No	rmal ·	11/8/18
20: Sub- Al occipital	bnormal	Abı	normal	Nor	mal 1	11/8/18
21: Lir Physiologica to I Side Glide (C2-7)	nited due pain	Lim to p	ited due ain	WF	L 1	1/8/18
22: Lumbar 0 ° Extension		0 °		30°	11	/8/18
23: Lumbar 10% Flexion	%°	10 °		90°	11	/8/18
24: Cervical 27 of Extension AROM	degrees	27 de	grees	60 de	egrees 11,	/8/18
25: Cervical 55 d R. Rotation	legrees	55 de	grees	90 de	grees 11/	8/18

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AROM 26: Wrist	3- /5	3- /5	5 /5	11/8/18
Flexor Strength			010	11/0/10
27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18
Bilateral Low	er Extre	mlty		
zo: Lz-s (mp Flexors)	J/5	3 /5	5 <b>/</b> 5	11/8/18
29: L4-5	3 <i>1</i> 5	3/5	<u>5</u> <u>/</u> 5	14/9/19
dorsiflexors)				
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Subuleurs

Fiell Cll PT, DPT

As always, please feel free to call us at (716) 282-2888 if you have any questions or concorno.

Respectfully yours,

Nicholas Chuba, PT, DPT

08/31/18 7:11 am

Craig Reinstein MSPT CMTPT FAFS **CLT CCT** 

08/31/18 7:40 am

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# **Advanced Care Wheatfield**

3780 Commerce Court **STE 300** Wheatfield, NY 14120-2025

Phone: (716) 282-2888

Fax: (716) 285-1281

Progress Evaluation for Shaulene

Smith11/15/1973 Case: Neck & BAck/Wellcare

Therapist: Craig Reinstein MSPT CMTPT FAFS

CLT CCT

Nicholas Chuba, PT, DPT Referred by: Jonathan Riley, MD Fersonal care that gets you results.

08/28/18 V Diagnosis: Cervical disc disorder with myelopathy, unspecified cervical region Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing

## Subjective

Still in a decent amount of pain, I'm trying to do more in sitting and standing which is making me tired. Still trying to get in with a neurologist because of my weakness and numbness into my left side. I've been noticing some spasms in my hands that is new as well.

#### **Precautions**

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN. Medical History Questionaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

#### Medications

Medications: See attached list.

## imaging

Imaging: Results: T11-T12 compression fx maintaining.

# Past Medical History:

Past Medical History: No significant history.

# Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

#### Onset

Date of Onset: February 2018. Description: Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. Provacative Factors: sitting, standing, lifting. Alleviating Factors: Laying down is most comfortable position. Work Status: Unemployed. Past Treatments: None.

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Pain Rating

Verbal Pain Rating at Present

6 - Moderate Pain

(4 - 6)

Verbal Pain Rating at Best

5 - Moderate Pain

(4 - 6)

Verbal Pain Rating at Worst

10 - Worst Imaginable Pain

# Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

# General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor

# Objective

Low Back Pain Scale	Result	Note
Section 1- Pain intensity	5.The pain is severe and does not vary much.	
Section 4-Walking	<ol> <li>4.I cannot walk more than</li> <li>1/4 mile without increasing pain.</li> </ol>	
Section 5-Sitting	3.Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	<ol> <li>4.I cannot stand for longer than 10 minutes without increasing pain.</li> </ol>	
Total Score	38 /50	
OPTIMAL (Functional Tool)	00700	
Sitting	***	
	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

#### Galt

Abnormality: Slow Speed. Poor Balance.

Result

Note

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Cervical Active ROM			
Cervical Extension AROM	27 de	grees	
Cervical R. Rotation AROM	55 de	_	painful
Lumbar Active ROM		9,005	parnui
Lumbar Flexion	10 °		
Lumbar Extension	0.°		
Upper Quarter Manual Assessment	0		
Physiological Side Glide (C2-7)	i imitor	due to pain	
Flexibility	Lumee	due to pain	
L. Upper Trap	Abnorn	nal	
Sub-occipital	Abnorm		
Neural Tension Tests		1 944 1	
L. Median Tension Test	Positive		
L. Radial Nerve Tension Test	Positive		
Palpation Tenderness Scale			
Tenderness	4 = Una	ble to Palpate	
Elbow Muscle Testing		ord to t dipare	
Triceps Strength	3- /5		
Wrist Muscle Testing			
Wrist Flexor Strength	3- /5		
Bilateral Lower Extremity	Left	Right	
LE Myotome Testing (MMT)			
L2-3 (Hip Flexors)	3 /5	4 /5	
L3-4 (Knee extensors)	3 /5	4+ /5	
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5	
Assessment			

Patient able to perform more standing and seated postural strengthening exercises today with improved tolerance. Spoke to patient about benefits of aquatic therapy and patient would like to try therapy here first before going that route.

#### **Assessment**

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. Rehabilitation Potential: Good with skilled physical therapy and implementation of comprehensive HEP. Lower Quarter Problems: Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. Low Back Diagnosis: Lumbar strain/sprain. Thoracic Diagnosis: Compression fracture T11-T12.

#### Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

# Plan

#### Plan

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise

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and manual therapy techniques. Utilize modalities pm.

#### Plan of Care

Frequency: 2-3 visits per week, Duration: 8-12 weeks. Manual Therapy Techniques: To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive Interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. Stabilization Exercise: Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. Therapeutic Exercise: To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, Improve bone density, to promote circulation and to enhance soft tissue healing. To improve. muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. Therapeutic Activities: To use functional, dynamic tasks from everyday living to improve range of motion and strength. Self Care/ Home Management: For ADL training, safety and/or instruction in use of adaptive equiptment. Neuromuscular Re-education: To re-educate movement, balance, coordination, kinesthetic sense, posture and/or propioception for sitting and/ or standing activities.

# **Treatment Plan Discussion**

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient

Item	Initial	Current	Goal	By Date	Progress	Achievea
1: Verbai Pain Ratir at Present				n 11/8/18		On
2: Verbal Pain Ratin at Worst	10 - Worst g Imaginable Pain			11/8/18		
3: Section Pain intensity	severe and does not va much.	severe and	comes and	11/8/18		
4: Section 4 Walking	4- 4.l cannot walk more than 1/4 mil- without increasing pain.	4.I cannot walk more than 1/4 mil without Increasing pain.	0.1 have no	11/8/18		
5: Section 5 Sitting	<ul> <li>3.Pain prevents me from sitting more than 1/2 hour.</li> </ul>	3.Pain prevents me from sitting more than 1/2 hour.	0.1 can sit in any chair as long as I like.	11/8/18		
: Section 6- itanding	4.I cannot stand for longer than 10 minutes without increasing pain.	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
Total core	38 /50	38 /50	0 /50	11/8/18		
	Able to do with much	Able to do with much	Able to do without any	11/8/18		

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	***				
9: Squ	difficul atting Able to			fficulty (1)	
	with moder difficult	with ate mod y (3) diffic	wi	ble to do 11/8/18 thout any fficulty (1)	
10: Balanc	Able to Ing with modera difficulty	with te mod	wit	le to do 11/8/18 hout any iculty (1)	
11: Wai short distanc	with mu	ch with r	nuch witl	e to do 11/8/18 nout any culty (1)	
12: Reachin	difficulty	ch with n (4) difficu	nuch with	e to do 11/8/18 out any culty (1)	
13: Carr	ying Unable t (5)	o do Unabl (5)	e to do Able with	e to do 11/8/18 Out any outty (1)	
14: Total Score	66 /110	66 /11			
15: Abnorma	Slow Spe lity Poor Balance.	ed. Slow S Poor Balanc		nal gait 11/8/18	
16: Tenderne	4 = Unabl ss Palpate	e to 4 = Uni Palpate	able to 0 = N with Palpa	o pain 11/8/18	
17: L. Median Tension To	Positive est	Positive			
18: L. Rad Nerve Tension Te	lal Positive	Positive	Negat	ive 11/8/18	
19: L. Uppe Trap	er Abnormal	Abnorma	il Norma	11/8/18	
20: Sub- occipital	Abnormal	Abnorma	l Norma	11/8/18	
21: Physiologic I Side Glide (C2-7)	Limited due a to pain	Limited d to pain	ue WFL	11/8/18	
22: Lumbar Extension	0 °	0 °	30°	11/8/18	
23: Lumbar Flexion	10% °	10°	90°	11/8/18	
24: Cervical Extension AROM	27 degrees	27 degree	s 60 degre	es 11/8/18	
25: Cervical R. Rotation AROM	55 degrees	55 degrees	90 degre	es 11/8/18	
26: Wrist	3-/5	3-/5	5 /5	11/8/18	

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Flexor Strength				
27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18
Bilateral Lov	ver Extremity			
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

Field Cll PT, DPT

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chuba, PT, DPT

08/28/18 3:01 pm

Craig Reinstein MSPT CMTPT FAFS CLT CCT 08/29/18 9:09 am

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# Advanced Care Wheatfield

3780 Commerce Court **STE 300** Wheatfield, NY 14120-2025

Fersonal care that gets you results

Phone: (716) 282-2888

Fax: (716) 285-1281

Progress Evaluation for Shaulene Smith11/15/1973 Case: Neck & BAck/Wellcare

Therapist: Cralg Reinstein MSPT CMTPT FAFS

CLT CCT

Kimberly Attwood DPT

Referred by: Jonathan Riley, MD

08/23/18 4 Diagnosis: Cervical disc disorder with myelopathy, unspecified cervical region Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing

## Subjective

In terrible pain today, and my hands feel extremely weak for some reason.

#### Precautions

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN. **Medical History Questionaire** 

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

# **Patient Rights**

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

#### Medications

Medications: See attached list.

#### **Imaging**

Imaging: Results: T11-T12 compression fx maintaining.

# Past Medical History:

Past Medical History: No significant history.

# Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

#### Onset

Date of Onset: February 2018. Description: Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. Provacative Factors: sitting, standing, lifting. Alleviating Factors: Laying down is most comfortable position. Work Status: Unemployed, Past Treatments: None.

Pain Rating

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Verbal Pain Rating at Present

6 - Moderate Pain

(4-6)Verbal Pain Rating at Best

5 - Moderate Pain

(4 - 6)

# Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies

# General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor

# Objective

#### Galt

Abnormality: Slow Speed. Poor Balance.

	· · · · · · ·	
Cervical Active ROM	Result	Note
Cervical Extension AROM Cervical R. Rotation AROM Lumbar Active ROM	27 degrees 55 degrees	painful
Lumbar Flexion  Lumbar Extension	10 °	•
Upper Quarter Manual Assessment	0 °	
Physiological Side Glide (C2-7) Flexibility	Limited due to pain	
L. Upper Trap Sub-occipital Neural Tension Tests	Abnormal Abnormal	
L. Median Tension Test L. Radial Nerve Tension Test Palpation Tenderness Scale	Positive Positive	
Tenderness Elbow Muscle Testing	4 = Unable to Palpate	
Triceps Strength Wrist Muscle Testing	3- /5	
Wrist Flexor Strength	3- /5	
Bliateral Lower Extremity	Left Right	
LE Myotome Testing (MMT)	- <b></b>	
L2-3 (Hip Flexors)	3/5 4/5	
L3-4 (Knee extensors) L4-5 (Ankle dorsifiexors)	3 /5 4+ /5	
(Finne ColaniexO(S)	3 /5 4+ /5	

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#### Assessment

The patient was extremely intolerant of postural exercises today, and transfers caused her to be tearful. It was discussed with er about the possibility of aquatic therapy for future appointments due to her intolerance of land therapy.

#### **Assessment**

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. Rehabilitation Potential: Good with skilled physical therapy and implementation of comprehensive HEP. Lower Quarter Problems: Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. Low Back Diagnosis: Lumbar strain/sprain. Thoracic Diagnosis: Compression fracture T11-T12.

#### Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned



#### Plan

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities pm.

## Plan of Care

Frequency: 2-3 visits per week. Duration: 8-12 weeks. Manual Therapy Techniques: To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. Stabilization Exercise: Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. Therapeutic Exercise: To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve. muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. Therapeutic Activities: To use functional, dynamic tasks from everyday living to improve range of motion and strength. Self Care/ Home Management: For ADL training, safety and/or instruction in use of adaptive equiptment. Neuromuscular Re-education: To re-educate movement, balance, coordination, kinesthetic sense, posture and/or proploception for sitting and/ or standing activities.

# Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals	patient.					
Item	Initial	Current	Goal	By Date	Progress	Achieved
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		On
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain		0 - No Pain	11/8/18		
3: Section 1- Pain : intensity	5.The pain is severe and does not vary much.		0.The pain comes and goes and is very mild.	11/8/18		

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A: 5004	on 4- 4.i car			
Walking	walk n than 1/ without increas pain.	ore 4 mile	0.i ha pain d walkir	
Sitting	n 5- 3.Pain prevent from sit more th 1/2 hou	ling an	0.I car any ch long as	air as
6: Sectlor Standing	16- 4.l cann stand fo longer th 10 minut without increasin pain.	r Jan Jes	0.l can as long want wi pain.	as I
7: Total Score	38 /50		0 /50	11/8/18
8: Sitting	Able to do with much difficulty (	ŀ	Able to d without a difficulty	מית 🖹
9: Squatting	Able to do with moderate difficulty (3		Able to de without an difficulty (	0 11/8/18
10: Balancing	Able to do with moderate difficulty (3)	i	Able to do without an difficulty (1	Y
11: Walking- short distances	Able to do with much difficulty (4)		Able to do without any difficulty (1)	11/8/18 /
12: Reaching	Able to do with much difficulty (4)		Able to do without any difficulty (1)	11/8/18
	Unable to do (5)		Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110		22 /110	11/8/18
Abnormality I	Slow Speed. Poor Balance.	Poor Balance.	341	11/8/18
	= Unable to alpate	4 = Unable to Palpate	0 = No pain with Palpation	11/8/18
17: L. P. Median Tension Test	ositive	Positive	Negative	11/8/18
18: L. Radial Po Nerve Tension Test	ositive	Positive	Negative	11/8/18

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19: L. Up Trap	per Abnorma	l Abnormal	Normal	11/8/18
20: Sub- occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiolog I Side Glid (C2-7)	Limited du gica to pain de	ie Limited du to pain	e WFL	11/8/18
22: Lumb: Extension		0 °	30 °	11/8/18
23: Lumba Flexion	ar 10%°	10 °	90°	11/8/18
24: Cervica Extension AROM	al 27 degrees	27 degrees	60 degrees	11/8/18
25: Cervica R. Rotation AROM		55 degrees	90 degrees	11/8/18
26: Wrist Flexor Strength	3-/5	3-/5	5 /5	11/8/18
27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18
Bilaterai Lov	ver Extremity			
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Kimberly Attwood DPT

08/23/18 3:54 pm

Respectfully yours.

Craig Reinstein MSPT CMTPT FAFS CLT CCT

08/24/18 11:38 am

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# Advanced Care Wheatfield

3780 Commerce Court **STE 300** Wheatfield, NY 14120-2025

Phone: (716) 282-Fax: (716) 285-1281 Fersonal care that gets you results.

Progress Evaluation for Shaulene Smith11/15/1973

Case: Neck & BAck/Wellcare

Therapist: Craig Reinstein MSPT CMTPT FAFS

CLT CCT

Nicholas Chuba, PT, DPT Referred by: Jonathan Riley, MD

08/21/18 / Diagnosis: Cervical disc disorder with myelopathy, unspecified cervical region Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing

My back was sore for a few days after the therapy session, but, it is better know. I"ve had no headaches since my evaluation on Thursday and the exercises are getting easier and not causing as much discomfort. I'm still trying to get in with a neurologist that takes my insurance.

#### **Precautions**

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

# **Medical History Questionaire**

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

# **Patient Rights**

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

#### Medications

Medications: See attached list.

#### **Imaging**

Imaging: Results: T11-T12 compression fx maintaining.

# Past Medical History:

Past Medical History: No significant history.

# Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

# Onset

Date of Onset: February 2018. Description: Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of Imaging for therapist and is being scheduled to see a neurologist due to progressing condition. Provacative Factors: sitting, standing, lifting. Alleviating Factors: Laying down is most comfortable position. Work Status: Unemployed. Past Treatments: None.

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Pain Rating

Verbal Pain Rating at Present

6 - Moderate Pain

Verbal Pain Rating at Best

(4 - 6)

5 - Moderate Pain (4 - 6)

Verbai Pain Rating at Worst

10 - Worst Imaginable Pain

Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor on:.

# Objective

Low Back Pain Scale	Result	Note
Section 1- Pain Intensity	5.The pain is severe and	
Section 4-Walking	does not vary much. 4.I cannot walk more than	
Section 5-Sitting	1/4 mile without increasing pain. 3.Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4.I cannot stand for longer than 10 minutes without	
Total Score	increasing pain.	
PTIMAL (Functional Tool)	38 /50	
Sitting		
Squatting	Able to do with much difficulty (4) Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	· ·	
Total Score	Unable to do (5) 66 /110	
<u>.</u>		
Abnormality: Slow Speed. Poor Balance.		

Result

Note

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Cervical Active ROM			
Cervical Extension AROM	27 de	egrees	
Cervical R. Rotation AROM		egrees	
Lumbar Active ROM	00 40	291003	painful
Lumbar Flexion	10%	0	
Lumbar Extension	0 °		
Upper Quarter Manual Assessment	Ü		
Physiological Side Glide (C2-7)	l imite	d dua to nain	
Flexibility	£11111[C	d due to pain	
L. Upper Trap	Abnon	mal	
Sub-occlpital	Abnormal Abnormal		
Neural Tension Tests	ADION	iiaj	
L. Median Tension Test	Positive	•	
L. Radial Nerve Tension Test	Positive		
Palpation Tenderness Scale	1 OSHIVE	3	
Tenderness	4 = 1 Inc	able to Belinet	
Elbow Muscle Testing	7 - 0110	ible to Palpate	
Triceps Strength	3- /5		
Wrist Muscle Testing	0-70		
Wrist Flexor Strength	3- /5		
Bilateral Lower Extremity	Left -	Diete	
LE Myotome Testing (MMT)	LBIL	Right	
L2-3 (Hip Flexors)	3 <i>/</i> 5	4 /5	
L3-4 (Knee extensors)	3 /5	4 /5 4+ /5	
L4-5 (Ankle dorsiflexors)	3 /5		
Assessment	0.0	4+ /5	

No reports of nausea during therapy session. Patient required additional rest breaks to tolerate new activities and exercises, however, tolerated further sitting and standing exercises during today's session. Talked with patient about diligently seeking to talk to neurologist.

#### Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. Rehabilitation Potential: Good with skilled physical therapy and implementation of comprehensive HEP. Lower Quarter Problems: Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. Low Back Diagnosis: Lumbar strain/sprain. Thoracic Diagnosis: Compression fracture T11-T12.

# Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

## Plan

#### Plan

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise

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CI VIII.

and manual therapy techniques. Utilize modalities pm.

#### Plan of Care

Frequency: 2-3 visits per week. Duration: 8-12 weeks. Manual Therapy Techniques: To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. Stabilization Exercise: Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. Therapeutic Exercise: To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve. muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. Therapeutic Activities: To use functional, dynamic tasks from everyday living to improve range of motion and strength. Self Care/ Home Management: For ADL training, safety and/or instruction in use of adaptive equiptment. Neuromuscular Re-education: To re-educate movement, balance, coordination, kinesthetic sense, posture and/or propioception for sitting and/ or standing activities.

# Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Item	Initial	Current	Goal	By Date	Progress	Achieved
1: Verbal Pain Rati at Presen	ng Pain (4 -		rate 0 - No Pai 6)	n 11/8/18		On
2: Verbal Pain Ratio at Worst	10 - Wors ng Imaginabi Pain	it 10 - Wors ie Imaginab Pain		11/8/18		
Pain intensity	1- 5.The pair severe an does not v much.	severe an	d comes and			
4: Section Walking	4- 4.I cannot walk more than 1/4 m without increasing pain.	4.I cannot walk more ile than 1/4 m without increasing pain.	0.1 have no	11/8/18		
5: Section ! Sitting	prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.1 can sit in any chair as long as I like	11/8/18		
: Section 6 tanding	- 4.I cannot stand for longer than 10 minutes without increasing pain.	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
Total ore	38 /50	38 /50	0 /50	11/8/18		
Sitting	Able to do with much	Able to do with much	Able to do without any	11/8/18		

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	diffic	ulty (4)	difficu	ılty (4)	ellos e ut	**
9: Sq	uatting Able with mode	to do	Able to with moder difficult	o do rate	difficulty Able to c without a difficulty	do 11/8/18
10: Balan	mode difficu	rate Ity (3)	Able to with modern difficult	o do ate	Able to d without a difficulty (	nv
11: Wa short distan	with m	luch	Able to With mu difficulty	ıch	Able to do without ar difficulty (	IV
12: Reachi	Able to ng with m difficult	uch	Able to with mudifficulty	ch	Able to do without an difficulty (1	11/8/18 v
13; Car	<b>rying</b> Unable (5)		Unable t (5)	-	Able to do without any	11/8/18
14: Tota Score	66 /110	(	66 /110		difficulty (1) 22 /110	11/8/18
15: Abnorm	Slow Sp allty Poor Balance	F	Blow Spe Poor Balance.	ed.	Normal gait	11/8/18
16: Tenderne	4 = Unal ess Palpate	ole to 4	= Unabl alpate	٧	) = No pain vith Palpation	11/8/18
17: L. Median Tension T	Positive fest	P	ositive		legative	11/8/18
18: L. Rad Nerve Tension To	lial Positive	Po	sitive	N	egative	11/8/18
	er Abnormal	Abi	normal	No	ormal	11/8/18
20: Sub- occipital	Abnormal	Abr	normal	No	rmal	11/8/18
21: Physiologic I Side Glide (C2-7)	Limited due ca to pain	E Limito p	ited due ain	WF	FL	11/8/18
22: Lumbar Extension	0 °	0 °		30 °		11/8/18
23: Lumbar Flexion	10% °	10%	c	90°	1	1/8/18
24: Cervical Extension AROM	27 degrees	27 de	grees	60 d	egrees 1	1/8/18
25: Cervical R. Rotation AROM	55 degrees	55 de	grees	90 de	grees 11	/8/18
26: Wrist	3- /5	3- /5		5 /5	11,	/8/18

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Flexor Strength				
27: Triceps Strength	3- /5	3-/5	5 /5	11/8/18
Bilateral Low	ver Extremity			
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3/5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

faillell PT, DPT

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chuba, PT, DPT

08/21/18 2:01 pm

Craig Reinstein MSPT CMTPT FAFS
CLT CCT

08/22/18 12:43 pm

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## Advanced Care Wheatfield

3780 Commerce Court STE 300 Wheatfield, NY 14120-2025

Advanced Care

| Treatment | T

Phone: (716) 282-

2888

Fax: (716) 285-1281

Progress Evaluation for Shaulene Smith11/15/1973 Case: Neck & BAck/Wellcare Therapist: Craig Reinstein MSPT CMTPT FAFS CLT CCT

Nicholas Chuba, PT, DPT Referred by: Jonathan Riley, MD Diagnosis: Cervical disc disorder with myelopathy, unspecified cervical region Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing

#### Subjective

#### Precautions

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

#### Medical History Questionaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

#### **Patient Rights**

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

#### Medications

Medications: See attached list.

#### Imaging

Imaging: Results: T11-T12 compression fx maintaining.

# Past Medical History:

Past Medical History: No significant history.

#### **Past Surgical History:**

Past Surgical History: Hysterectomy, wrist sx.

#### **Onset**

Date of Onset: February 2018. Description: Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. Provacative Factors: sitting, standing, lifting. Alleviating Factors: Laying down is most comfortable position. Work Status: Unemployed. Past

#### **Pain Rating**

Verbal Pain Rating at Present

6 - Moderate Pain

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(4 - 6)

Verbal Pain Rating at Best

5 - Moderate Pain (4 - 6)

Verbal Pain Rating at Worst

10 - Worst Imaginable Pain

# Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies

# General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor

#### Objective

# Functional Goal

Functional Goal: Patient will achieve the following: Pt will be able to stand for 30 minutes without pain to allow for more functional positions to perform ADL's.

Low	Back	Pain	Scale
-----	------	------	-------

Section 1- Pain intensity

Section 2-Personal Care (Washing, dressing,

etc)

Section 3- Lifting

Section 4-Walking

Section 5-Sitting

Section 6-Standing

Section 7-Sleeping

Section 8-Social Life

Section 9-Traveling

Section 10-Changing Degree of Pain

**Total Score** 

**OPTIMAL (Functional Tool)** 

#### Result

Note

5. The pain is severe and does not vary much.

1.I do not normally change my way of washing or dressing even though it causes some pain.

5-I cannot lift or carry anything at all.

4.I cannot walk more than 1/4 mile without increasing pain.

3.Pain prevents me from sitting more than 1/2 hour.

4.I cannot stand for longer than 10 minutes without increasing pain.

3.Because of my pain my normal nights sleep is reduced by less than one

half.

5.I have hardly any social life because of the pain.

5.Pain restricts me from all forms of travel.

3.My pain neither getting better or worse.

38 /50

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Lying Flat

Rolling over

Sitting

Squatting

Bending/stooping

Balancing

Kneeling

Standing

Walking- short distances

Walking- long distances

Climbing stairs

Hopping

Jumping

Running Pushing

Pulling

Reaching

Grasping

Lifting Carrying **Total Score** 

Myotomes (C4-T1) All are 5/5 except:

C4 (Shoulder shrug)

C5 (Deltoid)

C6 (Biceps, ECRL, ECRB)

C7 (Tricep, FCR)

C8 (APB)

Able to do with little difficulty (2)

Able to do with little difficulty (2)

Able to do with much

difficulty (4)

Able to do with moderate

difficulty (3)

Able to do with much

difficulty (4)

Able to do with moderate

difficulty (3)

Able to do with moderate

difficulty (3)

Able to do with much

difficulty (4)

Able to do with much difficulty (4)

Unable to do (5) Able to do with little difficulty (2)

Able to do with little

difficulty (2)

Able to do with little

difficulty (2) Unable to do (5) Able to do with little difficulty (2)

Able to do with moderate

difficulty (3)

Able to do with much

difficulty (4)

Able to do with little difficulty (2) Unable to do (5) Unable to do (5)

66 /110

Significant weakness compared to relative side

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T1 (1st Dorsal Interossel)

Significant weakness compared to relative side Cervical Screen (Myotomes)

C1-3 (Cervical Rotation) Significant difference

Sensory Screen: Nerve Root

C5- Mid-deltoid Abnormal 50% Left C6- Radial aspect 2nd metacarpal Abnormal 25% Left

C7- Dorsal aspect middle finger Normal

C8- Ulnar aspect 5th metacarpal Abnormal 95% Left T1- Medial forearm

Abnormal 50% Left DTR

Biceps brachii C5 Normal Brachioradialis C6 Normal Tricep C7 Normal

**C-T Special Tests Cervical Distraction** 

Positive; Symptoms are reduced

ULTTA Positive, symptoms reproduced/ relative difference >10 degrees

elbow ext. **LE Dermatome Testing** 

L1-2 (Groin) Equal bilaterally

L2-3 (Anteromediai Thigh) Diminished R hypersensiti

L4 (Medial lower leg) ve left Diminished L 50% left

L5 (Lat. lower leg, dosum of foot) Equal bilaterally

S1 (Post. Lat. thigh/lower leg, lat. foot) Diminished L 90% left \$2 (plantar surface of foot)

Equal bilaterally LE Reflexes

L. Achilles Tendon Reflex (S1) Normal (2+)

L. Patellar Tendon Reflex (L4) Diminished (1+) R. Patellar Tendon Reflex (L4) (Copy) Normal (2+) R. Achilles Tendon Reflex (S1) (Copy) Normal (2+)

Posture and Alignment

Trunk and Pelvis: Excessive lumbar lordosls. Gait

Abnormality: Slow Speed. Poor Balance. Ambulation Aids: None.

Result Note

Cervical Active ROM

Cervical Extension AROM 27 degrees **Cervical Flexion AROM** 38 degrees

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painful

painful

Cervical L. Lateral Flexion AROM 55% degrees **Cervical L. Rotation AROM** 75 degrees Cervical R. Lateral Flexion AROM 45% degrees

Cervical R. Rotation AROM 55 degrees

**Upper Cervical Motion** 

**Upper Cervical Flexion (Nod)** Limited **Upper Cervical Rotation** Limited

Thoracic AROM Percentage

Thoracic Flexion 30% Thoracic Extension 5%

**Lumbar Active ROM** 

**Lumbar Flexion** 10%° **Lumbar Extension** 0 ° **Lumbar Sidebending Right** 35%° **Lumbar Sidebending Left** 25%° **Lumbar Rotation Right** 25%° **Lumbar Rotation Left** 75%°

**Upper Quarter Manual Assessment** 

Physiological Side Glide (C2-7) Limited due to pain Central Posterior to Anterior (CPA) Glide Limited due to pain Unilateral Posterior-Anterior (UPA) Gilde Limited due to pain

Flexibility

L. Scalenes Normal L Sternocleidomastoid Normal L. Upper Trap Abnormal **Pectoralis Minor** Abnormal Pectoralis Major Abnormal R. Scalenes Normal R. Sternocieldomastold Normal R. Upper Trap Abnormal Sub-occipital **Abnormal** Lev. Scap Abnormal

Leg Length Discrepancy

Apparent Leg Length Discrepancy: No apparent difference.

Result Note

**Lumbar Segmental Mobility** 

**Lumbar Segmental Mobility** Hypomobile

**Neural Tension Tests** 

L. Median Tension Test **Positive** R. Median Tension Test Negative

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L. Radial Nerve Tension Test R.Radial Nerve Tension Test L. Ulnar Nerve Tension Test R. Ulnar Nerve Tension Test Palpation Tenderness Scale	Positi Negal Negal Positiv	ive ive
Tenderness	4 = Un	able to Palpate
Cervical Strength Testing	5	-vio to t dipate
Neck Extension	3 /5	
Neck Flexion	3 /5	
Neck L. Rotation	4- /5	
Neck L. Side Bending	4- /5	
Neck R. Rotation	3 /5	
Neck R. Side Bending	3 /5	
Elbow Muscle Testing	070	
Biceps Strength	3 /5	
Triceps Strength	3- /5	
Wrist Muscle Testing	3-73	
Wrist Extensor Strength	3 /5	
Wrist Flexor Strength	3~ /5	
Functional Strength Testing	0-75	
Squat	Pt. exhibit gluteal/co	s limited re activation ctional squat,
Bilateral Lower Extremity	Left	Right
LE Myotome Testing (MMT)	-4.8	Ngn
L2-3 (Hip Flexors)	3 /5	A II
L3-4 (Knee extensors)	3 /5	4 /5
L4-5 (Ankle dorsiflexors)	3/5	4+ /5
L5 (Great toe extensors)	3/5	4+ /5
S1 (Plantar Flexors)	3 /5	5 /5
Assessment	575	5 /5
Inable to E.II.		

Unable to fully assess Cervical spine due to inability to palpate from level of pain. Asses further based on patient tolerance. Patient reported alleviation of headache following light manual traction. Repeated cases of nausea during entire evaluation, would like to assess Upper cervical instability to rule out any concerns there.

## Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. Rehabilitation Potential: Good with skilled physical therapy and implementation of comprehensive HEP. Lower Quarter Problems: Backache. Difficulty walking. Muscle weakness, Stiffness in Joint. Low Back Diagnosis: Lumbar strain/sprain. Thoracic Diagnosis: Compression fracture T11-T12.

# Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned

Shaulene SmithPrinted on: 11/20/2018 12:49 PM Page 6 of 9

activities.

Plan

#### Plan

Treatment Emphasis: Treatment emphasis focused on Improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities pm.

## Plan of Care

Frequency: 2-3 visits per week. Duration: 8-12 weeks. Manual Therapy Techniques: To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. Stabilization Exercise: Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. Therapeutic Exercise: To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve. muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. Therapeutic Activities: To use functional, dynamic tasks from everyday living to improve range of motion and strength. Self Care/ Home Management: For ADL training, safety and/or instruction in use of adaptive equiptment. Neuromuscular Re-education: To re-educate movement, balance, coordination, kinesthetic sense, posture and/or propioception for sitting and/or standing activities.

# Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient. Carolina Contraction

Goals		y 3 talla alla prognosis with patient.				ient.
ltem	Initial	Current	Goal	By Date	Progress	Achieved
1: Verbal Pain Rating at Present	6 - Modera g Pain (4 - 6)		te 0 - No Pain	11/8/18		On
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1 Pain intensity	<ul> <li>5.The pain is severe and does not var much.</li> </ul>	Severe and	comes and	11/8/18		
4: Section 4 Walking	<ul> <li>4.I cannot walk more than 1/4 mile without increasing pain.</li> </ul>	4.I cannot walk more than 1/4 mile without increasing pain.	0.1 have no	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Paln prevents me from sitting more than 1/2 hour.	0.1 can sit in any chair as long as I like.	11/8/18		
Standing		4.I cannot stand for longer than	0.I can stand as long as I want without pain.	11/8/18		

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7. 7.	al.	without increasir pain.	witi ng inci pair	nout easing		
7: Tot Score		38 /50	38 /	50	0 /50	11/8/18
8: Sitt		Able to do with much difficulty (	n with 4) diffic	to do much ulty (4)	Able to d without a difficulty	nv
9: Squ	_	Able to do with moderate difficulty (3	with mode	to do erate ulty (3)	Able to do Without ar difficulty (	D 11/8/18
10: Balanci	ng y n d	Able to do vith noderate lifficulty (3)	Able twith	to do rate	Able to do without an difficulty (1	v
11: Walk short distance 12:	w s di	ble to do ith much fficulty (4)	Able to with m difficult	do uch y (4)	Able to do without any difficulty (1)	11/8/18
Reaching	g wi dif	ple to do th much ficulty (4)	Able to with mu difficult	ich i	Able to do without any difficulty (1)	11/8/18
13: Carry	i <b>ng</b> Un (5)	able to do	Unable (5)	to do A	Able to do vithout any ifficulty (1)	11/8/18
14: Total Score	66	/110	66 /110		2 /110	11/8/18
15; Abnormali	ty Poo Bala	ince.	Slow Spo Poor Balance.	ed. N	ormal gait	11/8/18
16: Tendernes:	s Palp		4 = Unab Palpate	wit	= No pain h lpation	11/8/18
17; L. Median Tension Tes	Posid st	iive	Positive		gative	11/8/18
18: L. Radia Nerve Tension Tes		ve į	Positive	Neg	gative	11/8/18
19: L. Upper Trap	Abnor	mal A	bnormal	Norr	nal 1	11/8/18
20: Sub≘ occipital	Abnon	mal A	bnormal	Norn	nal 1	1/8/18
21: Physiologica I Side Glide (C2-7)	Limited to pain		mited due pain	WFL	1	1/8/18
Extension	0 °	0 °		30 °	11.	/8/18
23: Lumbar Flexion	10% °	109	% °	90°	11/	/8/18

Shaulene SmithPrinted on: 11/20/2018 12:49 PM Page 8 of 9 Visit Date: 08/16/18

24: Cervice Extension AROM	il 27 degrees	27 degrees	60 degrees	11/8/18		
25: Cervica R. Rotation AROM		55 degrees	90 degrees	11/8/18		
26: Wrist Flexor Strength	3-/5	3- /5	5 <i>/</i> 5	11/8/18		
27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18		
Bilateral Lower Extremity						
28: L2-3 (Hip Flexors)		3 /5	5 /5	11/8/18		
29: L4-5 (Ankie dorsifiexors)	3/5	3 /5	5 /5	11/8/18		
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18		

Thank you for the opportunity of working with Shaulene.

Millell PT, DPT

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chuba, PT, DPT

08/17/18 10:05 am

Craig Reinstein MSPT CMTPT FAFS
CLT CCT

08/17/18 3:30 pm

Shaulene SmithPrinted on: 11/20/2018 12:49 PM Page 9 of 9

# Advanced Care Physical Therapy Appointments for Smith, Shaulene Туре

Clinic Signedt

Chartholis = 38x. 75=28.03

9/6/18 1:00 pm

Arrived

Time

Status

	7	8/16/18 5:00 pm	9/27/18 12:00 pm	md 00:1 9! K77K	wed to 1:30 pm	87944 450	200	9/4/18 1:00 000
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Fax Call Report

# HP LaserJet 500 MFP M525

Page 1

Fax Header Information

office fax 7166752885 Dec/6/2018 11:24:26 AM

Job	Date/Time	Type	Identification	Duration	Pages	Result	
3537	Dec/6/2018 11:13:46 AM	Send	6958592	10:34	46	Success	

DAVID W. POLAK

Attorney: David W. Polak, Esg. Attorney at Law P.C.

1370 Union Road
West Seneca, New York 14224
Phone (716) 675-ATTY (2889)
Fax (716) 675-2885 \*
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

December 5, 2018

Via Facsimile: (716) 650-2691

UBNS

Attn: Dr. Jonathan Riley 3980-A Sheridan Drive Amherst, New York 14226

Re: Your Patient:

Date of Birth: Date of Injury: **Shaulene Smith** 

November 15, 1973 February 2, 2018

Dear Dr. Riley:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene from **August 20, 2018 to present** as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

very truly yours

Cheryl Schen

Enclosure

OCA Official Form No.: 960

	This form has been approve	ed by the New York State Department of	in a contract of the second of
	Patient Name Shaulene Smith	Date of Birth ////5/73	Social Security Number
	Patient Address 655 6/10er 5t. #2		da NJ. 14120
1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	I, or my authorized representative, request that health info in accordance with New York State Law and the Privacy F (HIPAA), I understand that:  1. This authorization may include disclosure of inform TREATMENT, except psychotherapy notes, and CONFI the appropriate line in Item 9(a). In the event the health initial the line on the box in Item 9(a), I specifically author 2. If I am authorizing the release of HIV-related, alcoholoprohibited from redisclosing such information without a content of the state of the release or disclosing that I have the right to request a list of people of the extent data of the responsible for protecting my rights.  3. I have the right to revoke this authorization at any time revoke this authorization except to the extent that action had a understand that signing this authorization is voluntated by the responsibility of the conditioned upon my authorization	remation regarding my care and treatment be Rule of the Health Insurance Portability and mation relating to ALCOHOL and DRUGENTIAL HIV* RELATED INFORMA information described below includes any crize release of such information to the person or drug treatment, or mental health treatmy authorization unless permitted to do who may receive or use my HIV-related information, I may conclude the provider of HIV-related information, I may conclude the provider list as already been taken based on this authorization. My treatment, payment, enrollment in this disclosure. The redisclosed by the recipient (except as law.  The YOU TO DISCUSS MY HEALTH IN THE YOR GOVERNMENTAL AGENCY this information:  The provider date of the provider list and the provider list are concluded by the recipient (except as law.)  The YOU TO DISCUSS MY HEALTH IN THE YOR GOVERNMENTAL AGENCY this information:  The provided by the provider list and the provider list are concluded by the recipient (except as law.)  The YOU TO DISCUSS MY HEALTH IN THE YOR GOVERNMENTAL AGENCY this information:  The provided by the recipient (except as law.)  The provided by the recipient (except as law.)	de released as set forth on this form: Accountability Act of 1996  G ABUSE, MENTAL HEALTH TION only if I place my initials on of these types of information, and I on(s) indicated in Item 8. Itment information, the recipient is so under federal or state law. I formation without authorization. If ontact the New York State Division 2) 306-7450. These agencies are ded below. I understand that I may cation. In a health plan, or eligibility for noted above in Item 2), and this SPECIFIED IN ITEM 9 (b).  ON POLAK I WAS desired to the recipient is so under federal or state law. I formation without authorization. If ontact the New York State Division 2) 306-7450. These agencies are ded below. I understand that I may cation.  In a health plan, or eligibility for noted above in Item 2), and this ontact the New York State Division 2) and this ontact the New York State Division 2) and this ontact the New York State Division 2) and the state of the New York State Division 2) and the state of the New York State Division 2) and the state of the New York State Division 2) and the state of the New York State Division 2) and the state of the New York State Division 2) and the state of the New York State Division 2) and the state of the New York State Division 2) and the state of the New York State Division 2) and the state of the New York State Division 2) and the state of the New York State Division 2) and the state of the New York State Division 2) and the State Division 3 are the New York State Division 2) and the State Division 3 are the New York State Division 2) and the State Division 3 are the New York State Division 3 are the New York State Division 2 are
	Other:		ate by Initialing) phol/Drug Treatment
Aı	uthorization to Discuss Health Information	Mer	ntal Health Information V-Related Information
(	(b) D By initialing here I authorize  Initials to discuss my health information with my attorney, or a	Name of individual health care page a governmental agency, listed here:	provider
		or Governmental Agency Name)	
10	Reason for release of information:  At request offindividual Other:	11. Date or event on which this au	ethorization will expire:  P Af Sianatite
12	If not the patient, name of person signing form:	13. Authority to sign on behalf of	patient:
AII	items on this form have been completed and my questions	s about this form have been answered. In ac	Idition. I have been provided a

copy of the form.

Signature of patient or representative authorized by law.

\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

Date:

Fax Call Report

# HP LaserJet 500 MFP M525

Page 1

Fax Header Information

office fax 7166752885

Dec/5/2018 4:39:16 PM

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3533	Dec/5/2018 4:37:03 PM			Duration	Pages	Result	
0000	DEC/3/2010 4:3/:03 PM	Send	6502691	2:11	2	Success	

DAVID W. POLAK
Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) 675-ATTY (2889)
Fax (716) 675-2885 \*
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

September 4, 2018

Via Facsimile: (716) 695-8592

City of North Tonawanda
Office of the City Attorney
Attn: Luke A. Brown, Esq.
216 Payne Avenue
North Tonawanda, New York 14120

Re: Shaulene Smith v. City of North Tonawanda

Dear Mr. Brown:

As you are aware our office has and continues to represent Shaulene Smith who sustained injury with respect to an incident that took place on City Property on February 2, 2018.

Enclosed please find a copy of a medical records we have obtained from UBNS on behalf of our client Shaulene Smith.

Thank you for your attention to this matter. Should you have any questions please contact Mr. Polak at your earliest convenience.

Very truly yours,

Cheryl A. Schenk

a. Scherk

/cs

Enclosure

### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 76 of 387

000

Medical Record Request

Med Rec Nbr:

Client Med Rec Nbr: 4437

Financial Nbr:

Adm: 08/08/2018

DOB:

Sex:

1003295790

11/15/1973

Female

75617428

UI Nbr:

1003295790

Patient Name: SMITH, SHAULENE N

KH SUBURBAN Organization:

Patient Location: A-MRI Service

Physician:

RILEY, JONATHAN P.MD

Consents Documents

Dsch: 08/09/2018

| LAB KEY: ^=Abnormal, C=Critical, I=Interp Data, m=Corrected, L=Low, H=High, R=Result Comments, O=Order Comments, T=Textual Result | Printed: 08/23/2018 16:54 | @=Performed at, S=Susceptible, | = Intermediate, R=Resistant, N/A = Not Applicable| Page 1 of 21

185060156

Patient Name: SMITH, SHAULENE N

Rolekle Health Center for Laboratory Madieina :15 Flint Road Williamstelle, NY 14221

Phone: 1716) 626-7200 Fex (716) 633-2361

Keleich Health John E. Oisher Children's Hospital Laboratory C Iù Ellicott Street

Buffalo, NY:4238 Phones (716) 323-2040 Fee: (716) 323-1370

Robino tto atti Daterall Laboratory MS Tremort Street P O Dex 0250 Al knawanda, NY 14120

Phone: (715) 690-2170 Sec. (716) 690-2336

Clinical Laboratorne of the Buffalo General Hospital 100 High Street Buffalo, AV 14203

Negara Falls, NY 14300 Frane: (716) 859-1987 Fax: (716) 359-3221

Magura Falls Memorial Medical Center Dupt. of Pathology 427 10th Street, 20 Box 703

Master Report Template

Phone: (716) 278-4337 Fex: (716) 273-4676

Kalaisia Health. Center for Laboratory Medidae Ambassi : 540 Maple Rest Arrheist, NY 14221

Phone: (716) 568-3700 Fex (716) 569-3038

OCA Official Form No.: 960

# TION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

22 . 31.	form has been approve		Date of Birth,	Social Security Number
Patient Name	C :L1	1	11/15/73	
Shaulene	DMITT		11/11/	• • • •
Petient Address	-1 # 2	North	Tanawa	-da N.T. 14120

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996

This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH (HIPAA), I understand that: TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV\* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.

2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If 1 experience discrimination because of the release or disclosure of HIV-related information, 1 may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are

I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may responsible for protecting my rights. revoke this authorization except to the extent that action has already been taken based on this authorization.

understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL

6. THIS AUTHORIZATION DOES NOT AUTHORIZE TO CARE WITH ANYONE OTHER THAN THE ATTORNEY OF Name and address of health provider or entity to release this information of the state	n muss NY 14886
9(a). Specific information to be released:  VI Medical Record from (insert date)	to (insert date) 1 to (insert da
referrals, consults, billing records, insurance records, and	Include: (Indicate by Initialing)
Other:	Alcohol/Drug Treatment
	Mental Health Information
Authorization to Discuss Health Information	HIV-Related Information
(b) By initialing here I authorize Initials to discuss my health information with my attorney, or a gove	Name of individual health care provider ernmental agency, listed here:
Reason for release of information:  At request of individua  Other:  13 If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:
All items on this form have been completed and my questions abo	out this form have been answered. In addition, I have been provided a

cony of the form.

Signature of patient or representative authorized by law.

Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

DAVID W. POLAK

Attorney: David W. Polak, Esq. Attorney at Law P.C. 1370 Union Road

West Seneca, New York 14224 Phone (716) **675-ATTY** (2889) Fax (716) 675-2885 \* www.personalinjurywny.com www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

July 16, 2018

Via Facsimile: (716) 650-2691

**UBNS** 

Attn: Dr. Jonathan Riley 3980-A Sheridan Drive Amherst, New York 14226

> Re: Your Patient:

Shaulene Smith Date of Birth: November 15, 1973 Date of Injury: February 2, 2018

Dear Dr. Riley:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene from April 26, 2018 to present as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Very truly yours.

Enclosure

Fax Call Report

# HP LaserJet 500 MFP M525

Page 1

Fax Header Information

office fax 7166752885 Jul/24/2018 9:37:38 AM

Job	Date/Time	Type	Identification	Duration	Pages	Result	
2441	Jul/24/2018 9:35:00 AM	Send	6958592	2:36	11	Success	_



April 26, 2018

UBNS.GOM

Elad I. Lery, MD, MBA, E. C., FAHÁ Gasgory J. Centegle, MD, EACS Jason M. Devies, MD, Příd

John G. Pahrbach IV, AiD Kevin J. Gibbons, AiD, FACS, FAANS Veetal LI, MD

Douglas B. Moreland, 140, FACS Robert J. Pholiest, MD John Pollina, MD, FACS Runde Reynolds, MD, FAARS Groatban Wiley, MD.

Adnot H. Stolinge, MD, PhD, FACS, FAHA Kenneth V. Smyler, MD, PhD, FAANS Michael R. Stoliman, MD, FACS, FAANS

Interventional Pain Management Jalin W. Saldkeni, MD, FAAPMR, BARPM Andres C. Wong, MD, DADA, DARAPM, MPH

> Chinamothus Ionathus P. Beck, DC Sunjay Kapaor, DC

3980-A Sheridan Orive Amherd, NY 14226 7142211-1800 EMR Facc 7167650-2691

Buffalo General Medical Center 100 High Street - Section 84 Buffalo, HY 14203 714/218-1900 EMR Fact 716/659-7480 & 7481

5959 Big Tree Road + Suftre 103 Ordand Park, NY 14127 716/218-1000 EMB Fac 716/077-4038

Oribel Children's Durpatiern Center Conventus Building 1001 Main Street - 3rd Floor Buildin, NY 14203 216/218-1840 EMB Fac: 216/342-2535

> The Park Center 180 Park Cash Lame Williamsville, NY 14221 716/839-0402 EMN Fact 716/839-3570

6930 Williams Audi-Susse 3800 (Dr. Michael Saofimae) Nagara Rulls, NY 14394 710/218-1809 EMR Fact 716/205-8986

Interventional Pain Management (Or. John Stidlight, Dr. Andrea Woog) 160 Park Cleft Ease Sobs 250 Wellanswille, NY 14221 276/268-1000 EMR For: 716/380-7677 NAME: Shaulene N Smith ID: 418036 DOB: 11/15/1973

Please excuse Shaulene N Smith from work 04/26/2018 to 07/12/2018 due to illness/injury. She is scheduled to be re-evaluated on July 12, 2018 and further disability determination will be made at that time.

Sincerely,

The Aly

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD

### Jonathan Riley, MD

Administrative Secretary:

Jessica Kryszak......(716) 218-1000, ext 6116

For surgical scheduling questions:

Jessica Kryszak......(716) 218-1000, ext 6118 For billing questions.......(716) 218-1000, Press 2

It is very important to bring all imaging films or CDs and their reports if you have them to any future office visit. This could include,X-rays, CTs or MRIs. Thank you.

"Please be sure to have <u>ALL</u> testing/referral appointments completed before FOLLOW UP appointment. Failure to do so can results in your appointment being cancelled or rescheduled to the next available appointment."



Head L Lory, MD, MBA, FACS, FAMA Gregory J. Cestiglie, MD, FACS Jason M. Davier, MD, Prio-John G, Fahrbach IV, MD Kesin J. Gilbons, ND, FACS, FAMIS Vectal LI, MD Driughes B. Horeland, MD, FACS Nabel D. Plankett, MD

John Pollina, MD, FALS Rende Reynolds, MD, FALMS Jonathan Wey, MD

Adrian H. Skitiqui, MD, PND, FACS, FAHA Kenneth V. Snyder, MD, PND, FAANS Michael R. Stoffman, MD, FACS, FAANS

Interventional Pale Numapement Lifer W. Gidfent, NO, FAARVIR, DABPAL Andrew C. Wong, MD, DAMA, DABARUL LIPH

> Chérograciosa Jonathan P. Beck, DC Sunjay Kapaor, DC

3980-A Sheddan Drive Amheest, HY 16226 7142213-1600 EMR Forc 716/650-2691

Buffaio General Medical Center 100 High Street - Septem 84 Buffaio, NY 14203 716/219-1000 EMR Fact 716/899-7480 & 7481

5959 Big Tree Road - Suite 103 Oxford Park, NY 14127 716/218-1808 EMB Fac 210/677-4038

Orshel Children's Ostpatient Cester Conventus Bullding 1091 Maio Street - Std Floor Bullian, NY 14203 210214-1940 END Fac 216/312-2535

> The Park Center 180 Park Gub Lone Williamsrike, NY 14221 716/031-0402 EMR Park 710/839-3570

6930 Williams Road - Subs: 3800 (Dr. Michael Steffman) Michael Subs. NY 14394 710/218-1800 Edik Eac: 716/205-8386

Intervendenal Pain Menagement (Or. Judar Stational, Or. Andrea Woos) 160 Furk Clefe Lase: Soite: 150 Williamordic, NY 14221 714/218-1808 EMB Fort: 716/380-7507 April 26, 2018

**Patient Name:** 

Shaulene N Smith

Date of Birth:

11/15/1973

Date of Exam:

04/26/18

Physician:

Jonathan Riley, MD

History: The patient is a 44-year-old female who had a fall in early February of 2018 with the development of focal back pain. The patient recently when seen on 03/15/2018 was put in a TLSO given the presence of ongoing pain after a prior compression fracture at this point. The patient is seen on 04/26/2018 approximately two weeks after having been fitted with the TLSO. She returns to clinic at this time with new imaging.

Her symptomatology is essentially the same. She has improvement while wearing the brace but has discomfort when removing.

Physical Examination: The patient is alert and oriented x 3. Following commands positive. Pupils equal, round, and reactive to light. Extraocular movements are intact. Following commands x four extremities. She is 5/5 x four extremities.

Review of Studies: Patient has thoracic AP and lateral films which show no discernible change, certainly no worsening compression.

Medical Decision Making: The patient is a 44-year-old female status post a minimal T12 compression fracture and now with a TLSO brace. We recommend that the patient maintain a three-month period of brace utilization. We will have her follow up in clinic in approximately 2 1/2 months with a repeat CT scan. That will be a total of three months of wearing the brace. At that point in time, we will consider removing the brace and beginning the patient in physical therapy.

Thank you for allowing us to participate in this patient's care. Please do not hesitate to call with any questions or concerns.

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture

Sincerely,

Shaulene N Smith DD 04/26/2018

Page #2

In Pley

Electronically signed by Jonathan Riley, MD Jonathan Riley, MD JR/jmb cc Lynne Ross MD

### KALEIDA HEALTH

DeGraff Memorial Hospital 445 Tremont Street

N. Tonawanda NY 14120 (716)-694-4500 Spine lumbosacral- 2 or 3 views

Spine lumbosacrai- 2 or 3 views

Exam Date/Time: 06/18/2018 10:09 Accession Number: DX-18-0106014 Reason For Exam: wedge comp fx Name: SHAULENE N SMITH

MR#: 1003295790 DOB: 11/15/1973 Age: 44 Location: KH DMH

Admission Date: 06/18/2018 09:40 Ordering Provider: Jonathan P. Riley

Patient Type: Clini

CLINICAL INDICATION: The patient is a 44-year-old female with history of a T12 compression fracture after a fall in February of this year. Patient complains of numbness involving the left toes.

TECHNIQUE: AP and lateral views of the lumbar spine are obtained.

COMPARISON: None.

FINDINGS: Exam demonstrates T12-S1. Osteoarthritis and disc disease is seen throughout the lumbar spine. Subtle loss of vertebral body height at T12 is unchanged from the prior exam. Paraspinal soft tissues are unremarkable.

IMPRESSION: Osteoarthritis and disc disease. Stable T12 compression fracture as described above.

READ BY ..... STOKOE, GAIL E. MD

DICTATED .....: 06/18/2018 10:47 am

TRANSCRIBED BY ....: 06/18/2018 10:47 am GES

Shaulene N Smith DOB 11/15/1973 UB NEUROSURGERY, INC

Page #2

SIGNED

06/18/2018 10:48 am

ELECTRONICALLY BY ..: STOKOE, GAIL E. MD

A Kaleida Health dictation system was used to prepare this Imaging report.

Although each report is personally scanned for syntactic or grammatical errors,

unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.

### KALEIDA HEALTH

DeGraff Memorial Hospital 445 Tremont Street

N. Tonawanda NY 14120 (716)-694-4500 Spine thoracic- 2 views

Spine thoracic- 2 views

Exam Date/Time: 06/18/2018 10:09 Accession Number: DX-18-0106013 Reason For Exam: wedge comp fx Name: SHAULENE N SMITH

MR#: 1003295790 DOB: 11/15/1973 Age: 44 Location: KH DMH

Admission Date: 06/18/2018 09:40 Ordering Provider: Jonathan P. Riley

Patient Type: Clini

CLINICAL INDICATIONS: The patient is a 44-year-old female with numbness in the fingers.

TECHNIQUE: AP, lateral views of the thoracic spine are obtained.

COMPARISON: 03/15/2018.

FINDINGS: Exam demonstrates T1-T12. There is subtle loss of vertebral body height at T12 unchanged comparison the prior exam consistent with a subtle compression fracture. Osteoarthritis and disc disease is seen throughout the remaining thoracic spine. Pedicles are well-visualized. Paraspinal soft tissues are unremarkable.

IMPRESSION: Mild osteoarthritis and disc disease. Stable subtle T12 compression fracture seen. No acute bony abnormality is identified.

READ BY..... STOKOE, GAIL E. MD

DICTATED .....: 06/18/2018 10:48 am

TRANSCRIBED BY .....: 06/18/2018 10:48 am GES

Shaulene N Smith DOB 11/15/1973 UB NEUROSURGERY, INC

Page #2

SIGNED

06/18/2018 10:49 am

ELECTRONICALLY BY ..: STOKOE, GAIL E. MD

A Kaleida Health dictation system was used to prepare this Imaging report.

Although each report is personally scanned for syntactic or grammatical errors, unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.



Flad L Lory, MD, MBA, FACS, FAHA Gregory J. Costdglas, MD, FACS Jason M. Davies, MD, PhO John G. Fahrbach IV, MID Kerin L. Gibbons, SID, FAXS, FAXIS Vectol LL MD Douglas B. Moreland, MD, FACS Robert J. Plunkert, MD John Politina, MD, FACS Rende Reynalds, MD, FAANS Jonathan May, MD Admini FL SHERWA, MIT, PAD, FACS, FAITA Kenneth V. Smyder, NO, Philip FAANS Michael R. Stoffman, MD, FACS, FAANS

Interventional Pala Mana Jales W. Saldiqui, MD, FAAPRIR, DARPA Andrea C. Word, IAO, CASA, CASAPAL MPH

> Gingrados Jonathan P. Beck, DC Sunjay Kapper, DC

3980-A Sheridan Drive Amherst, NY 14226 716/218-1000 EAR Face 716/650-2691

Buffalo General Medical Center 100 High Street - Section 24 Buffalo, NY 14203 716/219-1000 EMR Fat: 718/659-7480 & 7481

5959 His Tree Road - State 103 Ovchard Park, NY 14127 716/218-1909 ENR FOR 716/677-4018,

Oshel Children's Durpaders Center Conventus Building 1001 Mala Street - 3rd Floor Beffalo, NY 14203 716/218 1040 FLR Fac 716/342-2535

> The Park Center (m) Park Clab Lane Williamsonie, HY 14221 714/439-1402 EMR FACT 16/839-3570

6930 Walterns Road - Some 3890 (Dr. Michael Stoffman) Magara Relis, MY 14384 714/214-155 EMP Fac 716/205-1986

Interventional Pain Management (Or. John Sähdigel, Dr. Andrea Wong) 180 Park Chib Lane Subs 150 William Yell, 14 14221 716/218-1000 EMR Fac 716/380-7677 July 12, 2018

NAME: Shaulene N Smith

ID: 418036

DOB:11/15/1973

Please excuse Shaulene N Smith from work 07/12/2018 to 08/17/2018 due to illness/injury. She is scheduled to be re-evaluated and further disability determination will be made at that time.

Sincerely,

In Rey

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD

# Jonathan Riley, MD

Administrative Secretary: Jessica Kryszak.....(716) 218-1000, ext 6116

For surgical scheduling questions:

Jessica Kryszak......(716) 218-1000, ext 6116 For billing questions...... (716) 218-1000, Press 2

It is very important to bring all imaging films or CDs and their reports if you have them to any future office visit. This could include,X-rays, CTs or MRIs. Thank you.

\*\*Please be sure to have ALL testing/referral appointments completed before FOLLOW UP appointment. Failure to do so can results in your appointment being cancelled or rescheduled to the next available appointment.\*\*



Flad I, Lery, MD, MBA, FACS, FAHA Gregory J. Caroglie, MD, FACS Jasen M. Davies, MD, Pfid John G. Fahrbach M, MD

Kevia I. Gibbons, MD, FACS, FAANS Veesal LI, MD Douglas B. Moreland, MD, FACS

Robert J. Pluviert, MD John Pollina, MD, FACS Rende Reynolds, MD, FAAHS Jonathan Way, MD

Adnan Fl. Sicklingt, Alb, PhD, FACS, FALIA Kenneth V. Stryder, MD, PhD, FACHS Michael R. Stoffman, Alb, FACS, FAANS

Interventional Pain Management Julia V. Saldigal, IND, FAAPSIR, DABPAL Andres C. Wong, MO, DABA, DABAPAL, MPH

> Chinapractions Jonathan P. Reck, DC Sunjay Kapator, DC

3900-A Sheridan Drive Arahass, HY 14226 716/218-1808 EMR Fact 716/650-2691

Buffalo General Medical Center 100 High Street - Section B4 Buffalo, NY 14203 714276-1600 EMR Fac 718/859-7480-8 7481

5959 Big Tree Road - Suite 103 Owbard Park, NY 14127 716/218-1900 EMR Fact 716/6/77-4038

Orbei Children's Outpatient Cester Concentus Building 1001 Main Street - 2nd Floor Buildin, NY 14203 716/213-1040 EAR Fau; 216/242-2535

> The Park Center 180 Park Clob Lane Williamsville, NY 14221 714/039-9402 EMR FRE: 716/039-3570

6930 Williams Road - Suite 3800 (Dr. Michael Staffinna) Hiagara Falls, NY 14384 710/218-1800 EMR Fact 716/205-8386

Interwentenal Pala Manageri Rei (Or. Judar Sehdigut, Or. Kudren Woos). 100 Fort Cleb Gave Solte 250. Wallanswille, NY 14221 276/238-1000 EMR Fort 716/380-7677 July 12, 2018

Patient Name:

Shaulene N Smith

Date of Birth:

11/15/1973

Date of Exam:

07/12/18

Resident Physician: Michael Kogan, MD Attending Physician: Jonathan Riley, MD

History: This is a 44-year-old female who obtained a compression fracture due to a fall on ice with no loss of consciousness in February of 2018. Subsequently, she has had severe back pain that has largely been unchanged in the brace. She presents today with followup thoracolumbar x-rays as was the plan on her last visit two months ago.

At this point, she says that her back pain is persistent and really has not improved at all even with the brace. She does admit to a mechanical component, although she states that the pain is pretty much present throughout. She does have pain when she sleeps. She completely denies any radicular-like pain or neck pain at this point; however, she does admit to impressive symptoms worsening over the last 1 1/2 months in her left upper and left lower extremity. She states that she has had some weakness in her hand and has numbness in all of her fingers as well as her large toe in the left lower extremity. She denies any acute changes but does state that this bothers to a very large extent. She denies any particular dermatomal sensory losses or radicular symptoms. She has no previous history of any kind of neurological deficits prior to this.

Physical Examination: The patient is alert, awake, and appropriate. Face is symmetric. Voice is clear. She is full strength on the right. On the left upper extremity, she is 4+/5 proximally and 4/5 distally. She has a Hoffmann's sign in the right upper extremity, minimal reflexes in the left upper extremity. She has diminished pinprick on the lateral side of her hand as well as a loss of light touch sensation there. Proprioception is intact. She has difficulty with rapid hand movements in the right upper extremity as well. The left lower extremity is 4+/5 throughout. She has hyperreflexia in her left patella compared to her right and diminished pinprick medially in her foot. She does have pain to palpation in her mid back that seems to correlate with her imaging.

Review of Studies: X-rays from 06/18/2018 were reviewed and compared to previous thoracolumbar x-rays. There is no progressive loss of height in her T12 vertebral body.

Medical Decision Making: The patient has a stable T12 compression fracture and has persistent pain. There is no progressive deformity in her thoracic spine. The

Shaulene N Smith DD 07/12/2018

Page #2

larger issue for her is her likely myelopathy considering her physical exam findings and complaints. We will discuss bringing her in for an MRI of the cervical spine. We will also

Thank you for allowing us to participate in the care of this patient.

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Cervical disc disorder with myelopathy, unspecified cervical region

1m

Electronically signed by Michael Kogan, M.D.-Resident Michael Kogan, MD

Addendum: I have seen and examined the patient with the resident physician and agree with the above plan. We will plan for cervical MRI in setting of upper extremity numbness and onset of physical exam findings concerning for cervical myelopathy. We will also obtain thoracic imaging to attempt to clear patient of her TLSO

James Rey

Electronically signed by Jonathan Riley, MD Jonathan Riley, MD

MK/jmb

ccLynne Ross MD

Рацелт Name: SMITH, STASEN1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 90 of 387

Date of Birth: 11/15/1973

\* Auth (Verified) \*

MRN: 1003295790 FIN: 75617428

Entered Into electronic record downtime SMITH SHAULENE N date time 1003295790 75617428 AGE. 044Y SEX- F Kaleida Health DOB-11/15/73 initials ATT- REFERRING DOC PCP- ROSS LYNNE S CONSENT FOR TREATMENT AND FC-RAD 81/80/80 -TB MDA PAYMENT AGREEMENT 1 of 2 MILLARD FILLMORE SUBURBAN Palient ID Area

HI Claim Number:

AUTHORIZATION FOR CARE & TREATMENT I hereby agree that Kaleida Health may perform care and treatment, and may conduct such examinations, laboratory tests and procedures, administer such local enosthetics, medication and treatment, as may be directed by my physician or treating practitioner. I acknowledge that no guarantees have been made to me as to the effect of such examinations, tests, procedures or treatment of my condition.

CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION I consent to the use and disclosure of my Protected Health Information by Kaloida Health for purposes of treatment, payment, and health care operations. For example, my attending physician or treating practitioner at Kaleida Health may furnish Protected Health Information maintained by Kaleida Health in the course of my care and treatment. Also, as Kaleida Health is a teaching hospital, I consent to the use and disclosure of my Protected Health Information (i) for training and educational purposes to faculty physicians, residents, and medical, dental, pharmacy, nursing or other students in health-related professions from local colleges and universities affiliated with Kaleida Health, and (ii) for review in preparation for possible research. Release of medical records and information will be made according to state and federal regulations. I understand that Kaleida Health may release medical information to any third party, including my employer, which may be responsible for payment of my hospital or medical expenses. (Release of medical information to employers is limited to those employers who are directly liable for the costs of the patient's health care benefits through and employer, self-insured group health plan or worker's compensation, or in other direumstances in which such disclosure is legally allowed). I understand that it may be necessary for a hospital treating practitioner to contact another treating provider or pharmacy to obtain complete medical history and/ or medicine dosage.

CONSENT TO RELEASE INFORMATION TO THE UNIVERSITY OF BUFFALO INSTITUTE FOR HEALTHCARE INFORMATICS (IHI) I understand that my PHI will be released to a research database supervised by the University of Buffalo Institutional Review Board for use in future research. 

Restriction: I do not want my PHI released to IHI.

INSURANCE AUTHORIZATION: I understand that I am responsible for knowing the terms and conditions of my insurance coverage. I further understand that I may be responsible for obtaining prior authorization for certain services in order for my insurance company to pay for those services and I understand that I may be personally responsible for payment if I do not obtain any necessary prior authorization or my insurance benefits are denied, reduced, or terminated. (In accordance with federal law, the hospital will not deny or delay necessary care or treatment in the Emergency Department because of a person's inability to pay for such necessary emergency treatment.)

ASSIGNMENT OF BENEFITS, INSURANCE PROCEEDS. SETTLEMENTS If I am entitled to health care services under any insurance policy from any person or organization which may become liable to me to provide such henefits, I assign such benefits to the hospital and physicians employed by the hospital who rendor such services to me. I further authorize payment directly to Kalelda Health and such physicians of all such insurance benefits payable to me. Such insurance may include, but is not limited to, private commercial insurance, auto liability insurance, worker's compensation, programs such as Medicare and Medicaid, or other governmental sources. I certify that the information given regarding my insurance is accurate and current to the best of my knowledge. I further assign to Kaleida Health any payments for medical benefits payable to me as a result of any sottlement or judgment in a lawsuit.

CERTIFICATION OF MEDICARE BENEFITS TO HOSPITAL AND/OR PHYSICIANS: (Applicable to Medicare beneficiaries only)
I hereby authorize Kaleida Health to bill Medicare and receive payment on my behalf for any authorized Medicare benefits for services furnished to me by Kaleida Health, including physician services. I certify that the information given by me in applying for such payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical information or other information about me to release it to Medicare or its agents, as necessary, for payment of this, or any related Medicare claim.

FINANCIAL AGREEMENT In consideration for services rendered by Kaleida Health and physicians employed by Kaleida Health, I guarantee prompt payment of all such services not paid by insurance carriers or third parties within thirty (30) days. I understand that any amounts not covered by my insurance carrier or other third party payor is my personal responsibility, and I agree to make payment for any such amounts. If Kaleida Health does not receive such payment within thirty (30) days from the date such balance is due, the bill may be turned over to an attorney or a collection agency and, if so, I agree to pay all reasonable collection costs including attorney's fees and/or collection fees in addition to the payment owed. I give the hospital the right to examine my consumer credit report for financial information relating to my responsibility to pay for medical services. I understand that, in most cases, my attending physician, emergency department physician, radiologist, anesthesiologist and other consultants and/or surgeons of Kaleida Health are Independent practitioners, and not hospital employees. I will receive a separate bill from them for their services.

Сомаємт КН00237 Rev. 26/28/17

Patient Name: эмітн, эмасы 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 91 of 387 Date of Birth: 11/15/1973

\* Auth (Verified) \*

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MRN: 1003295790 FIN: 75617428

## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 92 of 387

Med Rec Nbr: Financial Nbr: 1003295790

Ul Nbr: Patient Name: 1003295790

75617428 Client Med Rec Nbr: 4437

Organization:

KH SUBURBAN

SMITH, SHAULENE N

DOB:

11/15/1973 Female

Patient Location: A-MRI Service Physician:

RILEY,JONATHAN P.M.D.

**Medical Record Request** 

Adm: 08/08/2018

Dsch: 08/09/2018

Orders

Printed: 08/23/2018 16:54 Page 4 of 21

#### \* Transcribed \*

08/01/18 01:00 PM "UB Neurosurgery

Fax# (716)-677-4038

Page 3 of J #00510 BI

DOB :11/15/1973

08/01/18

UB HEUROSURGERY, INC Patient Kray Order Requisition Page 1

Smith, Shaulene N

655 OLIVER ST. APT. 2

N TONANANDA, NY 14120

PATIENT -H-Phone: (716)-310-6649

W-Phone: (716) -

C-Phone: (716) -310-6649

Sex :F Race :Black / African America Chart:070518NS

1:19 pm

Account:418036 PRIMARY INSURANCE

Co#: 150 Policy#: FT73655B

WELLCARE - MCD PLAN

PO BOX 31372

TAMPA, FL 33631-3372

Insured Name: SHAULENE N SMITH DOB : 11/15/1973

Group Number:

Flan Name Expired Date: 00/00/00

PACILITY IMPOUNTION

Name :MILLARD FILLMORE SUBURBAN - RADIOLOGY

1540 MAPLE ROAD

Phone: (716) -568-6400

Fax : (716)-568-3014

WILLIAMSVILLE NY 14221

Status: Ordered

Doctor:Riley, Jonathan, MD 3980A SHERIDAN DRIVE AMHERST, NY 14226-1727

UPIN : NPI:1346483039

Id :03-0445678 X-RAY ORDER -

Ordered :07/12/18

Sched :00/00/00 Acquired: 00/00/00 Rec# :246446

Phone : (716) -218-1000 : (716) -650-2691

ORDER NOTES .

PLEASE DO NOT LEAVE THE IMAGING MACILITY WITHOUT OBTAINING A DISK TO BRING TO OUR OFFICE. THANK YOU

Authorization Number: A108507658 Case Number: 1101841326

Health Plan Auth Number: 125274846

Statue: Approved

Approval Date: 7/25/2018 12:00:00 AM Service Code: 72141

Service Description: MRI CERVICAL SPINE W/O CONTRAS Site Name: DEGRAPF MEMORIAL HOSPITAL

Expiration Date: 9/8/2018

Teal Name

72141 NRI, Cervical Spine, W/O Contrast

James Rey

Ox: M54.2

Cervicalgia

Priority Routine

Aco#

246446-1493345

SMITH SHAULENE N MR. 1003295790 PT- 75617428 DUB 11/15/73 AGE-044Y

PCP. ROSS LYNNES RAD G

SEX. F ADM DT. 08/08/18

Ordering Provider's Signature:

Risctronically eigned by agent of provider: Jessica Erystek on 07/12/18 at 1:20 pm

\* Transcribed \*

08/01/18 01:00 PM UB Naurosurgery

Fax# (716)-677-4038

Page 2 of 3 #80510

DOB :11/15/1973

DI

08/01/18

UB NEUROSURGERY, INC Patient Kray Order Requisition

Page 1

Smith, Shaulene N

655 OLIVER ST.

APT. 2

N TONAWANDA, MY 14120

PATTEMT H-Phone: (716) -310-6649

W-Phone: (716) -

C-Phone: (716) -310-6649

Sex :F

:Black / African America Chart:070518NS

Account:418035

Co#: 150 Policy#: PT736558

WELLCARE - MCD PLAN

PO BOX 31372

TAMPA, FL 33631-3372

Insured Name: SHAULENE N SMITH

; 11/15/1973

Group Number: Plan Name

Expired Date: 00/00/00

FACILITY INFORMATION

PRIMARY INSURANCE

Name :MILLARD FILLMORE SUBURBAN - RADIOLOGY

1540 MAPLE ROAD

Phone: (716)-568-6400

Fax : (716) -568-3014

WILLIAMSVILLE NY 14221

Status:Ordered

Doctor:Riley, Jonathan, MD 3960A SHERIDAN DRIVE AMHERST, NY 14226-1727

UPIN : NPI:1346483039

Ιđ :03-0445678 E-RAY ORDER

Ordered :07/12/18 1:19 pm

Sched 100/00/00 Acquired:00/00/00 Req# :246445

Phone : (716) -318-1000 Face : (716) -650-2691

ORDER NOTES "

PLEASE DO NOT LEAVE THE IMAGING FACILITY WITHOUT OBTAINING A DIEK TO BRIDE TO OUR OFFICE. THANK YOU

Authorization Number:

A108507844

Case Number: 1101841514

Health Plan Auth Number: 125274891

Status: Approved

Approval Date: 7/25/2018 12:00:00 AM Service Code: 72145

Service Description: MRI THORACIC SPINE W/O CONTRAS

Site Name: DEGRAFF MEMORIAL HOSPITAL

Expiration Date: 9/8/2018

CPT Test Name

MRI, Thoracis Spine W/O Cont

Priority

Aco#

72146

Dx: S22.080A Wedge compression fracture of T11-T12 vertebra, init

Routine

246445-1493345

MR- 1003295790 PT- 75617428 DOB- 11/15/73 AGE-044Y PCP. ROSS LYNNES SEX- F FC-

RAD

G ADM DT- 08/08/18

Oxdering Provider's Signature;

James Pelang Bleccromically signed by egent of provider: Jessica Kryssek on 07/12/18 at 1:19 pm

Document 1-1 Filed 04/20/21 1003295790 UI Nbr: Page 95 of 387 Case 1:21-cv-00530-LJV

Med Rec Nbr:

75617428

Patient Name:

SMITH, SHAULENE N

Financial Nbr: Client Med Rec Nbr: 4437

Organization:

KH SUBURBAN

0 10

DOB: Sex:

11/15/1973

Patient Location: A-MRI Service Physician:

RILEY, JONATHAN P.M.D.

Medical Record Request

Adm: 08/08/2018

Female Dsch: 08/09/2018

Radiology Records

Page 7 of 21 Printed: 08/23/2018 16:54

MRN: 1003295790 FIN: 75617428

# \* Auth (Verified) \*

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Рацели магле. Эмитн, Эписте 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 97 of 387 Date of Birth: 11/15/1973

\* Auth (Verified) \*

Kaleida Health  MRI PRE-SCAN PATIENT QUESTIONNAIRE 2 of 2  13 DO YOU HAVE ANY OF THE FOLLOWING? Directions Each box must be checked DO NO.	SMITH, SHAULENE N MR 1003295790 PT 75617428 DOB 11/15/73 AGE 44Y SEX F ATT REFERRING DOC PCP ROSS LYNNE FC RAD G ADM DT 08/08/18 Patrent ID Avea MILLARD FILLMORE SUBURBAN
NO YES	
☐ ☐ Implantable Cardioverter Defibrillator	(AIGD)
☐ Aneurysm clips	
연 □ Pacing wires	
Any type of ear implant (cochlear, sta	
<ul> <li></li></ul>	ner
Any type of bio stimulator/Transculaneo	us Electrical Nerve Stimulation (TENS) Unit
☑ Bone growth/fusion stimulator	
☑ Neurostimulator	
	nplanted
☐ Insulin or drug infusion pump	
☑ ☐ Vascular access port/catheter  ☑ ☐ Swan Ganz catheter  ☐ ☐ Vascular access port/catheter  ☐ ☐ Output  ☐ Output	A CONTRACTOR OF THE STREET CONTRACTOR OF THE S
☐ Tissue expanders	
☑ ☐ Shunt	The state of the s
☐ Carolid artery vascular clamp	
☑ □ Surgical clips or staples	
17 Halo vest/metallic cervical fixetion device	)
☐ Any type of electrodes ☐ Artificial limbs	
Artificial joint replacements (hip knee, sh	oulder, etc.)
Orthopaedic implants (screws rods pins	
Any spine implants (Harrington rods)	
☑ Penile prosthesis ☑ Orbital eye prosthesis	
(2) If Hearing aid	
Dentures or partial plates (especially those	e held in place with magnets)
Any type of trans dermal patches (nicoting)	
☑ Acticoat wound dressings	
☐ Body piercings (other than ears)	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
☐ ☐ Tattoos (or tattoned eyeliner)	· · · · · · · · · · · · · · · · · · ·
4 CAN PATIENT LIE FLAT?   No @Yes	
without snaps buttons or zippers A gown and/or scn.	r body Empty your packets of all items and wear clothing
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Relationship to Patient († no	
ate Time Nurse/Secretary Signature	2 Print Name :
ateTimeTechnologist Signature	Print Name
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a si fa mari	RADIOLOGY

MRN: 1003295790 FIN: 75617428 \* Auth (Verified) \*

ACCESSION #: MR-18-0016547 SMITH, SHAULENE N MR #: 1003295790 REQ FOR DATE: 08/08/2018 Millard Fillmore Suburban Hospital 1540 Maple Road, William wille, New York 14221–2099



MILLARD FILLMORE SUBURBAN HOSPITAL 1540 Maple Road, Williamsville, New York 14221-2009

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OS/OS/2018 O9:45 sim Clinic Aministory  ORDERNO PHYSICIAN PRONE NUMBER RILEY, JONATHAN P. MD (716) 218–1000  EXAM REQUESTED PACS ID F CLINICAL INDICATION ICD COORS 1 MILI Cervical spine w/o contrast 74/42032  COMMENTS / SPECIAL INSTRUCTIONS:  TECHNOLOGIST'S COMMENT:  TECHNOLOGIST'S COMMENT:  TECHNOLOGIST'S COMMENT:  PAT. UID #: 10/03/29/5790  ISOLATION CODES:  1 MOLATION		SMITH, SHAULE	NBN		10032951	790	A-M	RI Serv	ice		F	44 Y	11/15	/1973		Koutine
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**ORIGINAL** 

\* Auth (Verified) \*

ACCESSION # MR-18-0016546 SMITH, SHAULENE N MR #: 1003295790 REQ FOR DATE: 08/08/2018 Miliard Fillmore Suburban Hospital 1540 Maple Road, Williamsville, New York 14221-2099



# MILLARD FILLMORE SUBURBAN HOSPITAL

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RILEY, JONATH	AN P. MD		716) 218-	-1000									
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<ol><li>Spine thoracic—</li></ol>	2 views		03/1	5/2018	LM	0	NO DO	TTPNETT A	1 ECH DE	orca, a m	CY EXISTS		TECHINIT.
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PRELIMINARY RADIOL		IONS:		1			-			Dig	gital Dict	ation.	
Finan 75617	rial Number 428												
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Entered by: ESTRADA, RAQUEL

ORIGINAL

Case 1:21-cv-00530-LJV Filed 04/20/21 Page 100 of 387 Document 1-1

Med Rec Nbr:

1003295790

1003295790

75617428

SMITH, SHAULENE N

88 70

Financial Nbr: Client Med Rec Nbr: 4437

Organization: Patient Location: A-MRI Service

KH SUBURBAN

Medical Record Request

DOB: Sex:

11/15/1973 Female

Physician:

Patient Name:

RILEY, JONATHAN P.M.D.

Adm: 08/08/2018

Dsch: 08/09/2018

MR XX 00 X X 00 X 0 00 XX 00 X 10 00 X 0 00

**EXAM** MRI Thoracic imaging w/o EXAM DATE/TIME 08/08/2018 10:09

ACCESSION NUMBER MR-18-0016546

ORDERING DOCTOR RILEY JONATHAN P.M.D.

contrast

**REASON FOR EXAM** 

(MRI Thoracic imaging w/o contrast) compression fx

**Findings** 

CLINICAL HISTORY: Numbness fingers and toes on the left.

TECHNIQUE: Multiple pulse sequences performed

COMPARISON: none

FINDINGS:

Thoracic intervertebral disc spaces well maintained.

No focal disc herniation or stenosis is seen.

No intramedulary abnormalities are appreciated.

Minor disc degeneration at T11-12 with a minimal bulging disc is seen.

No discitis or osteomyelitis is seen.

IMPRESSION:

Minor disc degeneration at T11-12. No significant thoracic MRI abnormalities appreciated.

READ BY ...... REGENBOGEN, VICTOR S. MD

DICTATED ...... 08/08/2018 10:13 am

TRANSCRIBED BY ....: 08/08/2018 10:13 am VSR

SIGNED 08/08/2018 10:17 am

ELECTRONICALLY BY ..: REGENBOGEN, VICTOR S. MD

A Kaleida Health dictation system was used to prepare this Imaging report. Although each report is personally scanned for syntactic or grammatical errors, unintended but conspicuous translational errors can occur. Please contact the Radiology department if there are questions about contents of this report.

**EXAM** MRI Cervical spine w/o

EXAM DATE/TIME 08/08/2018 10:09

ACCESSION NUMBER MR-18-0016547

ORDERING DOCTOR RILEY JONATHAN P.M.D.

contrast

REASON FOR EXAM

(MRI Cervical spine w/o contrast) compression fx

**Findings** 

HISTORY: Finger and toe numbness

TECHNIQUE: Multiple pulse sequences obtained through the cervical spine.

Printed: 08/23/2018 16:54

Page 12 of 21

Patient Name: SMITH, SHAULENE N 185060156 Master Report Template

Document 1-1 Filed 04/20/21 1003295790 Filed 04/20/21 Case 1:21-cv-00530-LJV Page 101, of 387 Med Rec Nbr:

Dsch: 08/09/2018

Financial Nbr: 75617428 Patient Name:

SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization:

KH SUBURBAN

DOB: Sex:

11/15/1973

Patient Location: A-MRI Service

**Medical Record Request** 

Female Adm: 08/08/2018

Physician:

RILEY, JONATHAN P.M.D.

EXAM MRI Cervical spine w/o EXAM DATE/TIME 08/08/2018 10:09

ACCESSION NUMBER MR-18-0016547

ORDERING DOCTOR RILEY JONATHAN P.M.D.

**Findings** 

contrast

COMPARISON: none

FINDINGS:

Craniocervical junction unremarkable. Cervical intervertebral disc spaces well maintained. No focal disc herniation or stenosis seen. Upper 4 thoracic levels unremarkable. No intramedullary abnormalities are appreciated. No discitis or osteomyelitis appreciated.

IMPRESSION:

Unremarkable MRI of the cervical spine.

READ BY ...... REGENBOGEN, VICTOR S. MD

DICTATED .....: 08/08/2018 10:09 am

TRANSCRIBED BY .....: 08/08/2018 10:09 am VSR

08/08/2018 10:12 am

ELECTRONICALLY BY ..: REGENBOGEN, VICTOR S. MD

A Kaleida Health dictation system was used to prepare this Imaging report. Although each report is personally scanned for syntactic or grammatical errors, unintended but conspicuous translational errors can occur. Please contact the Radiology department if there are questions about contents of this report.

Printed: 08/23/2018 16:54 Page 13 of 21

### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 102 of 387

Med Rec Nbr:

1003295790

UI Nbr:

1003295790

Financial Nbr: 75617428 Patient Name:

SMITH, SHAULENE N

Sex:

Client Med Rec Nbr: 4437

Organization:

KH SUBURBAN Patient Location: A-MRI Service

**Medical Record Request** 

DOB: 11/15/1973

RILEY, JONATHAN P.M.D.

Female

Physician:

Adm: 08/08/2018

Dsch: 08/09/2018

# Past Medical History

Problem Name: Anemia

Status: Active Age at Onset: 18 years; Onset Date: 1991; Age at Resolved: : Resolved Date: ; Responsible Provider.

C: 09/19/2016 10:03: CRONIN, LINDA J.: hospitalized at age 18. dx'ed as iron deficient anemia

<u> Problem Name: Polycystic oyarlan syndrome .</u>

Status: Resolved

Age at Onset: ; Onset Date: ; Age at Resolved: ; Resolved Date: ; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 20 years; Onset Date: 03/27/1994; Age at Resolved: Unknown 21 years; Resolved Date:

Unknown 1995; Responsible Provider:

<u> Problem Name: Pregnant</u>

Status: Resolved

Age at Onset: 22 years; Onset Date: 10/23/1996; Age at Resolved: Unknown 23 years; Resolved Date:

Unknown 1997; Responsible Provider:

Problem Name: Pregnant:

Status: Resolved

Status: Resolved

Age at Onset: 33 years; Onset Date: 03/27/2007; Age at Resolved: Unknown 34 years; Resolved Date:

Unknown 2008; Responsible Provider:

Problem Name: Pregnant Age at Onset: 34 years; Onset Date: 03/27/2008: Age at Resolved: Unknown 35 years; Resolved Date:

Unknown 2009; Responsible Provider:

Printed: 08/23/2018 16:54 Page 14 of 21

#### Document 1-1 Filed 04/20/21 Page 103 of 387 Case 1:21-cv-00530-LJV

Med Rec Nbr:

1003295790

1003295790 UI Nor:



Financial Nbr: Client Med Rec Nbr:

75617428

4437

Patient Name: Organization:

SMITH, SHAULENE N

KH SUBURBAN

A-MRI Service

DOB: Sex:

11/15/1973 Female

Patient Location:

Physician:

RILEY, JONATHAN P.M.D.

Medical Record Request

Adm: 08/08/2018

Dsch: 08/09/2018

#### amily History Last Update: 09/19/2016 09:56 by CRONIN, LINDA J. Condition Life Cycle Hypertension Positive CA - Cancer of colon Negative Ovarian cancer Negative Thyroid disease Negative Condition Breast cancer<sup>c</sup> Positive Positive Diabetes mellitus CA - Cancer of colon Negative Ovarian cancer Negative Thyroid disease Negative C1: 09/19/2016 09:56; CRONIN, LINDA J.; dx'ed age 30, deceased sters/4/hæ Condition Age of Onset Life Cycle Severity Diabetes mellitus Positive Ovarian cancer Negative Thyroid disease Negative Condition Age of Onset Severity Life Cycle CA - Cancer of colon Negative Ovarian cancer Negative Negative Thyrold disease ther Aliv Condition Age of Onset Life Cycle Severity Diabetes mellitus Positive Negative Ovarian cancer Thyroid disease Negative Condition CA - Cancer of colon Negative Negative Ovarlan cancer Negative Thyroid disease Condition Diabetes mellitus Positive CA - Cancer of colon Negative

Printed: 08/23/2018 16:54

Page 15 of 21

Severity

Ovarian cancer

Thyroid disease

CA - Cancer of colon

Condition

Negative Negative

menathe

Negative

Age of Onset

Life Cycle

### Document 1-1 Filed 04/20/21 Page 104 of 387 1003295790 UI Nbr. 1003295790 Case 1:21-cv-00530-LJV

Med Rec Nbr:

Financial Nbr: 75617428 Client Med Rec Nbr: 4437

Patient Name: SMITH, SHAULENE N

Physician:

Organization: KH SUBURBAN

DOB: Sex:

11/15/1973 Female

Patient Location: A-MRI Service RILEY, JONATHAN P.M.D.

**Medical Record Request** 

Adm: 08/08/2018

Dsch: 08/09/2018

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	<u>Condition</u>	Grandfather A	Fiv€ : Age of Onset	Life Cycle	Severity
Ovarian car		Negative	: 5 **** * **** * **** **** **** ***	: &	
Thyroid dise	ease	Negative	:		•
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	<u>Condition</u>		Age of Onset	<u>Life Cycle</u>	Severity
CA - Cancer of		Negative			:
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Thyroid dise	ase	Negative			<u></u>
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CA - Cancer of	colon	Negative			ny errete tanàna amin'ny fivondronana. Ny
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CA - Cancer of	colon	Negative :	1		
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Thyroid disea	ise	Negative	* **** * **** * **** * **** * **** * ****		F
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	Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of c	colon	Negative :	<del></del>		
Ovarian canc	er	Negative	· ·		
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CA - Cancer of c	olon	Negative			** * **** * **** * **** * ***
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Thyrold diseas	5 <b>e</b>	Negative			
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Printed: 08/23/2018 16:54 Page 16 of 21 Case 1:21-cv-00530-LJV Med Rec Nbr: Document 1-1 Filed 04/20/21 Page 105 of 387

Financial Nbr:

75617428

Patient Name:

SMITH, SHAULENE N

Organization:

KH SUBURBAN

Client Med Rec Nbr: 4437

Patient Location:

A-MRI Service

**Medical Record Request** 

DOB: 11/15/1973 Sex: Female

Physician:

RILEY, JONATHAN P.M.D.

Recorded Date Time

09/19/2016 09:50

Adm: 08/08/2018

Dsch: 08/09/2018

Substance: No Known Medication Allergies

Recorded By

CRONIN,LINDA J.

Reaction Status: Active; Allergy Type: Allergy; Category Drug; Reviewed Date/Time: 02/03/2018 10:09; Reviewed By: LYNCH, JOSHUA J.DO

Printed: 08/23/2018 16:54

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Patient Name: SMITH, SHAULENE N 185060156 Master Report Template

### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 106 of 387

Med Rec Nbr:

1003295790

Nbr: 1003295790

Financial Nbr: 75617428
Client Med Rec Nbr: 4437

Patient Name: Organization:

Physician:

SMITH, SHAULENE N

Client N DOB:

11/15/1973

Organization: KH SUBURBAN
Patient Location: A-MRI Service

RILEY, JONATHAN P.M.D.

**Medical Record Request** 

Sex: Female Adm: 08/08/2018

Dsch: 08/09/2018

Pro			

Last Updated: 09/19/2016 Sf

Last Reviewed: 02/03/2018

Status Date: 09/19/2016 Responsible Provider:

Problem Name, Obesi

Last Updated: 09/19/2016 Last Reviewed: 09/19/2016

Status Date: 09/19/2016 Responsible Provider:

Problem Name: Polycystic ovarian syndrome

Last Updated: 09/19/2016 Last Reviewed: 02/03/2018 Status Date: 09/19/2016 Responsible Provider:

Problem Name: Premant

Last Updated: 09/19/2016 Last Reviewed: 02/03/2018

Status Date: Responsible Provider:

Problem Name: Frequent

Last Updated: 09/19/2016 Last Reviewed: 02/03/2018

Status Date: Responsible Provider:

2 Notice Name 2 regnant

Last Updated: 09/19/2016 Last Reviewed: 02/03/2018

Status Date: Responsible Provider:

Problem Name: Presmant

Last Updated: 09/19/2016 Last Reviewed: 02/03/2018

Status Date:

Responsible Provider:

Printed: 08/23/2018 16:54

Patient Name: SMITH, SHAULENE N

Page 18 of 21

185060156

Master Report Template

Case 1:21-cv-00530-LJV Med Rec Nbr: Document 1-1 Filed 04/20/21 Page 107 1003295790

Financial Nbr:

Patient Name:

Client Med Rec Nbr: 4437

Organization:

KH SUBURBAN

DOB: Sex:

11/15/1973 Female

Patient Location: A-MRI Service Physician:

RILEY, JONATHAN P.M.D.

**Medical Record Request** 

Adm: 08/08/2018 Dsch: 08/09/2018

Last Updated: Status: 09/19/2016 Active

Location:

Provider:

Last Reviewed: 02/03/2018

Related Diagnosis:

C: 09/19/2016 09:54; CRONIN, LINDA J.; exploratory, for abdominal pain, nothing found

Printed: 08/23/2018 16:54

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# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 108 of 387

Med Rec Nbr:

1003295790

Ul Nbr: 1003295790

Financial Nbr: 75617428 Patient Name: Organization:

SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Patient Location: A-MRI Service

KH SUBURBAN

**Medical Record Request** 

DOB: 11/15/1973 Sex: Female

Physician:

RILEY, JONATHAN P.MD

Adm: 08/08/2018

Dsch: 08/09/2018

# Orders

# Radiology

Order: MRI Cervical spine w/o contrast
Order Date/Time: 08/01/2018 12:56
Department Status: Completed Catalog Type: Radiology Activity Type: Radiology
End-state Date/Time: 08/08/2018 10:14 End-state Reason:
Ordering Physician: RILEY, JONATHAN P.MD Consulting Physician:
Entered & Electronically Signed By: ESTRADA RAQUEL on 08/01/2018 12:56
Order Details: Routine, 8/8/18 9:45:00 AM EDT, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for
closed fracture, Patient, RILEY, JONATHAN P. MD. None, ~THECURRENTUSER  Order Comment:
Action Type: Complete : Action Date/Time: 08/08/2018 10:14 : Action Personnel: PEGENDOGEN VICTOR CAMP
Action Type: Complete Action Date/Time: 08/08/2018 10:14 Action Personnel: REGENBOGEN, VICTOR S.MD Order Details: Routine, 08/08/18 9:45:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed
fracture, Patient, RILEY, JONATHAN P. MD. None. ~THECURRENTUSER
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Status Change Action Date/Time: 08/08/2018 10:09 Action Personnel: MATYAS,ROB C MRI Tech
Order Details: Routine, 08/08/18 9:45:00, compression fx, Ambulatory, Wedge compression fracture of 111-112 vertebra, initial encounter for closed
Iracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER
Review Information:
Doctor Cosign: Not Required
Order Comment: Action Type: Status Change : Action Date/Time: 08/08/2018 09:25 : Action Personnel: MATYAS ROB C MRI Tech
Action Type: Status Change : Action Date/Time: 08/08/2018 09:25 : Action Personnel: MATYAS.ROB C MRI Tech Order Details: Routine, 08/08/18 9:45:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed
fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER
Review Information:
Doctor Cosign: Not Required
Order Comment:
Action Type: Activate Action Date/Time: 08/08/2018 09:09 Action Personnel: ESTRADA,RAQUEL
Order Details: Routine, 08/08/18 9:45:00, compression fx, Ambulatory, Wedge compression fracture of T44-T42 variables, initial consultants for all and the compression fracture of the compression fra
Ractare, Patient, Rilet, JONATHAN P. MD, None, ~THECURRENTUSER
Review Information:
Doctor Cosign: Not Required Order Comment:
Asian Tan Asia
Order Details: Routine. 08/08/18. compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, Initial encounter for closed fracture,
Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER
Review Information:
Nurse Review: Not Reviewed
Doctor Coslgn: Not Required
Order Comment:
The state of the s

Printed: 08/23/2018 16:54 Page 20 of 21

### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 109 of 387



Financial Nbr:

75617428

Patient Name:

SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization:

KH SUBURBAN

DOB: Sex:

11/15/1973 Female

Patient Location: A-MRI Service

Physician:

RILEY, JONATHAN P.M.D.

**Medical Record Request** 

Adm: 08/08/2018

Dsch: 08/09/2018

Ordeis	
Radiology	
Graer: MRJ Thoracic imaging w/o co Order Date/Time: 08/01/2018 12:55	ntrast
Department Status: Completed Catalog Type: Radiology End-state Date/Time: 08/08/2018 10:18	Activity Type; Radiology End-state Reason:
Ordering Physician: RILEY,JONATHAN P.MD  Entered & Electronically Signed By: ESTRADA,RAQUEL on	Consulting Physician: 08/01/2018 12:55
Order Details: Routine, 8/8/18 9:00:00 AM EDT, compression fx, Ambulatory, Wedge compress closed fracture, Patient, RILEY, JONATHAN P. MD. None, ~The Order Comment:	sion fracture of T11-T12 vertebra, initial encounter for
Action Type: Complete : Action Date/Time: 08/08/2018 10:18 Order Details: Routine, 08/08/18 9:00:00, compression fx, Ambulatory, Wedge compression fracture, Patient, RILEY, JONATHAN P. MD. None. ~THEC	Action Personnel: REGENBOGEN, VICTOR S.MD cture of T11-T12 vertebra, initial encounter for closed URRENTUSER
Review Information: Doctor Cosign: Not Required	
Order Comment:	*** ****** **** * **** * **** * **** * *
Action Type: Status Change Action Date/Time: 08/08/2018 10:09 Order Details: Routine, 08/08/18 9:00:00, compression fx, Ambulatory, Wedge compression fracture, Patient, RILEY, JONATHAN P. MD, None, ~THEC	Action Personnel: MATYAS,ROB C MRI Tech cture of T11-T12 vertebra, initial encounter for closed URRENTUSER
Review Information: Doctor Cosign: Not Required Order Comment:	
Action Type: Status Change Action Date/Time: 08/08/2018 09:25 Order Details: Routine, 08/08/18 9:00:00, compression fx, Ambulatory, Wedge compression fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECL	Action Personnel: MATYAS,ROB C MRI Tech ture of T11-T12 vertebra, initial encounter for closed URRENTUSER
Review Information: Doctor Cosign: Not Required Order Comment:	
Action Type: Activate Action Date/Time: 08/08/2018 09:08  Order Details: Routine, 08/08/18 9:00:00. compression fx, Ambulatory, Wedge compression fracture. Patient, RILEY, JONATHAN P. MD. None, ~THECL	: Action Personnel: ESTRADA, RAQUEL ure of T11-T12 vertebra. Initial encounter for closed JRRENTUSER
Review Information: Doctor Cosign: Not Required	
Order Comment:	
Action Type: Modify Action Date/Time: 08/01/2018 12:56 Order Details: Routine. 08/08/18. compression fx, Ambulatory, Wedge compression fracture of T1 Patient, RILEY, JONATHAN P. MD, None, ~THECURRE	Action Personnel: ESTRADA,RAQUEL 11-T12 vertebra, initial encounter for closed fracture,
Review Information:  Doctor Cosign: Not Required	13100EK
Order Comment:	
Action Type: Order Action Date/Time: 08/01/2018 12:55 Order Details: Routine, 08/08/18, compression fx, Ambulatory, Wedge compression fracture of T1 Patient. RILEY, JONATHAN P. MD, None, ~THECURRE	Action Personnel: ESTRADA,RAQUEL 1-T12 vertebra, Initial encounter for closed fracture, NTUSER
Review Information: Nurse Review: Not Reviewed	
Doctor Cosign: Not Required Order Comment:	

Printed: 08/23/2018 16:54

Patient Name: SMITH, SHAULENE N

Fax Call Report

### HP LaserJet 500 MFP M525

Page 1

Fax Header Information

office fax 7166752885 Sep/4/2018 10:14:57 AM

Job	Date/Time	Type	Identification	Duration	Pages	Result	
2788	Sep/4/2018 10:09:01 AM	Send	6958592	5:54	22	Success	

Sep/4/2018 10:14:58 AM English (United States)

DAVID W. POLAK

Attorney at Law P.C.

<u>Attorney:</u> David W. Polak, Esq.

1370 Union Road West Seneca, New York 14224 Phone (716) **675-ATTY** (2889) Fax (716) 675-2885 \*

www.personalinjurywny.com www.wnytrucklawyer.com Legal Assistant: Cheryl A. Schenk

\* (not for service)

August 30, 2018

Advanced Care Physical Therapy

**Attn: Medical Records** 

3780 Commerce Ct., Suite 300 N. Tonawanda, New York 14120

Re:

Your Patient:

Shaulene Smith

Date of Birth: Date of Injury:

November 15, 1973 February 2, 2018

Dear Sir or Madam:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

dery truly yours

Cheryl Schenk

OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF H		
Patient Name Shawlene Smith	Date of Birth // 1/15/73	Social Security Number
Delinet Address	orth Tonawa.	da N.T. 14120
I, or my authorized representative, request that health informatic	on regarding my care and treatment b	be released as set forth on this form:
In accordance with New York State Law and the Privacy Rule of	the Health Insurance Portability and	d Accountability Act of 1996
(HIPAA), I understand that:	*	,
1. This authorization may include disclosure of information		
TREATMENT, except psychotherapy notes, and CONFIDENT		
the appropriate line in Item 9(a). In the event the health inform initial the line on the box in Item 9(a), I specifically authorize relations.		
2. If I am authorizing the release of HIV-related, alcohol or d		
prohibited from redisclosing such information without my au		
uncerstand that I have the right to request a list of people who m	ay receive or use my HIV-related in	formation without authorization. If
1 experience discrimination because of the release or disclosure		
of Human Rights at (212) 480-2493 or the New York City C	ommission of Human Rights at (2)	12) 306-7450. These agencies are
responsible for protecting my rights.  3. I have the right to revoke this authorization at any time by w	riting to the health care provider lis	ted below. Lunderstand that I may
revoke this authorization except to the extent that action has alrea		
4. understand that signing this authorization is voluntary. M	ly treatment, payment, enrollment	
bei efits will not be conditioned upon my authorization of this dis-		
5. Information disclosed under this authorization might be redi	sclosed by the recipient (except as	noted above in Item 2), and this
redisclosure may no longer be protected by federal or state law.  6. THIS AUTHORIZATION DOES NOT AUTHORIZE YO	U TO DISCUSS MY HEALTH I	NEORMATION OR MEDICAL
CARE WITH ANYONE OTHER THAN THE ATTORNEY		
7. Name and address of health provider or entity to release this in	formation: ALL WAYNUTED ( N . TONAWANDA) N	HAYSTUAL THERE
8. Name and address of person(s) or category of person to whom the second of the secon		VID W-POUTICITESSE
Medical Record from (insert date)	to (insert date) pully	
☐ Entire Medical Record, including patient llistories, office r	notes (except psychotherapy notes), t	test results, radiology studies, films,
referrals, consults, billing records, insurance records, and	records sent to you by other health o	care providers.
Other:	Include: (India	cate by Initialing)
	Alc	cohol/Drug Treatment
		ental Health Information
Authorization to Discuss Health Information	Ш	V-Related Information
(b) D By initialing here l authorize		
Initials	Name of individual health care	provider
to discuss my health information with my attorney, or a gove	mmental agency, listed here:	1
(Attorney/Firm Name or Go	vernmental Agency Name)	
10 Reason for release of information:	11, Date or event on which this a	uthorization will expire:
At request of individual	116h for dat	1 N cine above
12 If not the patient, name of person signing form:	191 TOYN CLAX	1 G SIGNLAUME
11 not the patient, name of person signing form:	13. Anthority to sign on behalf of	patient:
All items on this form have been completed and my questions about	this form have been answered in a	ddition. I have been provided a
copy of the form.	. and form more occurang wered. It a	difficit, i have been provided a
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mill	Date: 8 30 8	Siny Angelophonia, 3 and 7 are 10 and 4 and 4 and 4 and 4 and 5 an

Signature of patient or representative authorized by law.

Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

DAVID W. POLAK

Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road West Seneca, New York 14224 Phone (716) **675-ATTY** (2889) Fax (716) 675-2885 \* www.personalinjurywny.com www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

August 24, 2018

Via Facsimile: (716) 695-8592

City of North Tonawanda Office of the City Attorney Attn: Luke A. Brown, Esq. 216 Payne Avenue North Tonawanda, New York 14120

> Shaulene Smith v. City of North Tonawanda Re:

Dear Mr. Brown:

As you are aware our office has and continues to represent Shaulene Smith who sustained injury with respect to an incident that took place on City Property on February 2, 2018.

Enclosed please find a copy of a medical records we have obtained from UBNS on behalf of our client Shaulene Smith.

Thank you for your attention to this matter. Should you have any questions please contact Mr. Polak at your earliest convenience.

Melif a Schink
Cheryl A. Schenk

/cs

### KALEIDA HEALTH

Millard Fillmore Suburban Hospital 1540 Maple Rd

Williamsville NY 14221 (716)-568-3600 MRI Cervical spine w/o contrast

MRI Cervical spine w/o contrast

Exam Date/Time: 08/08/2018 10:09 Accession Number: MR-18-0016547 Reason For Exam: compression fx

HISTORY: Finger and toe numbness

Name: SHAULENE N SMITH

MR#: 1003295790 DOB: 11/15/1973 Age: 44

Location: KH SUBURBAN

Admission Date: 08/08/2018 09:06 Ordering Provider: Jonathan P. Riley

Patient Type: Clini

TECHNIQUE: Multiple pulse sequences obtained through the cervical spine.

COMPARISON: none

#### FINDINGS:

Craniocervical junction unremarkable.

Cervical intervertebral disc spaces well maintained.

No focal disc herniation or stenosis seen.

Upper 4 thoracic levels unremarkable.

No intramedullary abnormalities are appreciated.

No discitis or osteomyelitis appreciated.

Shaulene N Smith DOB 11/15/1973 UB NEUROSURGERY, INC

Page #2

IMPRESSION:

Unremarkable MRI of the cervical spine.

READ BY..... REGENBOGEN, VICTOR S. MD

DICTATED ...... 08/08/2018 10:09 am

TRANSCRIBED BY .....: 08/08/2018 10:09 am VSR

SIGNED 08/08/2018 10:12 am

ELECTRONICALLY BY ..: REGENBOGEN, VICTOR S. MD

A Kaleida Health dictation system was used to prepare this Imaging report.

Although each report is personally scanned for syntactic or grammatical errors,

unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.

#### KALEIDA HEALTH

Millard Fillmore Suburban Hospital 1540 Maple Rd

Williamsville NY 14221 (716)-568-3600 MRI Thoracic imaging w/o contrast

MRI Thoracic imaging w/o contrast

Exam Date/Time: 08/08/2018 10:09 Accession Number: MR-18-0016546 Reason For Exam: compression fx Name: SHAULENE N SMITH

MR#: 1003295790 DOB: 11/15/1973 Age: 44 Location: KH SUBURBAN

Admission Date: 08/08/2018 09:06 Ordering Provider: Jonathan P. Riley

Patient Type: Clini

CLINICAL HISTORY: Numbness fingers and toes on the left.

TECHNIQUE: Multiple pulse sequences performed

COMPARISON: none

#### FINDINGS:

Thoracic intervertebral disc spaces well maintained.

No focal disc herniation or stenosis is seen.

No intramedullary abnormalities are appreciated.

Minor disc degeneration at T11-12 with a minimal bulging disc is seen.

No discitis or osteomyelitis is seen.

#### IMPRESSION:

Minor disc degeneration at T11-12. No significant thoracic MRI abnormalities appreciated.

### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 117 of 387

Shaulene N Smith DOB 11/15/1973 UB NEUROSURGERY, INC

Page #2

READ BY..... REGENBOGEN, VICTOR S. MD

DICTATED .....: 08/08/2018 10:13 am

TRANSCRIBED BY .....: 08/08/2018 10:13 am VSR

SIGNED 08/08/2018 10:17 am

ELECTRONICALLY BY ..: REGENBOGEN, VICTOR S. MD

A Kaleida Health dictation system was used to prepare this Imaging report.

Although each report is personally scanned for syntactic or grammatical errors,

unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.

## Fax Call Report

### HP LaserJet 500 MFP M525

Page 1

Fax Header Information

office fax 7166752885

Aug/24/2018 1:20:33 PM

Job	Date/Time	Type	Identification	Duration	Pages	Result	
2734	Aug/24/2018 1:19:15 PM	Send	6958592	1.16	5	Success	

Aug/24/2018 1:20:33 PM English (United States)

DAVID W. POLAK

Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road West Seneca, New York 14224 Phone (716) **675-ATTY** (2889) Fax (716) 675-2885 \* www.personalinjurywny.com

www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

August 20, 2018

Via Facsimile: (716) 650-2691

**UBNS** 

Attn: Dr. Jonathan Riley 3980-A Sheridan Drive Amherst, New York 14226

> Re: Your Patient:

**Shaulene Smith** Date of Birth: November 15, 1973 Date of Injury: **February 2, 2018** 

Dear Dr. Riley:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene from July 16, 2018 to present as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

MUL STACKE Cheryl Schenk

OCA Official Form No.: 960

## AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

٠.	This form has been approved by the	he New York State Department of F	Teulin)
	Patient Name Shaulene Smith	Date of Birth ///5/73	Social Security Number
	Petient Address 655 6/iver St. #2 No	orth Tonawan	da NJ- 14120
I	, or my authorized representative, request that health information	n regarding my care and treatment be	released as set forth on this form:
1	n : coordance with New York State Law and the Privacy Rule of HIPAA), I understand that:  This authorization may include disclosure of information in		
Ί	TREATMENT, except psychotherapy notes, and CONFIDENT the appropriate line in Item 9(a). In the event the health information	IAL HIV* RELATED INFORMAT	FION only if I place my initials on
iı 7	nitial the line on the box in Item 9(a), I specifically authorize release of HIV-related, alcohol or dr	ease of such information to the person ug treatment, or mental health treatr	ment information, the recipient is
u I	prohibited from redisclosing such information without my autorizerstand that I have the right to request a list of people who may experience discrimination because of the release or disclosure of Human Rights at (212) 480-2493 or the New York City Co.	ny receive or use my HIV-related info of HIV-related information, I may con	ormation without authorization. If attact the New York State Division
3.	esponsible for protecting my rights.  I have the right to revoke this authorization at any time by we	riting to the health care provider liste	d below. I understand that I may
4.		ly treatment, payment, enrollment in	ition.  a health plan, or eligibility for
5.	enefits will not be conditioned upon my authorization of this disc Information disclosed under this authorization might be redicted by federal or state law.	sclosed by the recipient (except as r	noted above in Item 2), and this
6. C.	THIS AUTHORIZATION DOES NOT AUTHORIZE YO ARE WITH ANYONE OTHER THAN THE ATTORNEY C	R GOVERNMENTAL AGENCY	IFORMATION OR MEDICAL SPECIFIED IN ITEM 9 (b).
20	Name and address of health provider or entity to release this int	formation: UBNS - DR. JOH	UATHAN RICEY-
	Name and address of person(s) or category of person to whom the state of the state	nis information will be sent:	DW-HOLPHER RSQ
9(	a). Specific information to be released:  Medical Record from (insert date)  Entire Medical Record, including patient histories, office referrals, consults, billing records, insurance records, and		
	Other:	Include: (Indica	
		Alco	hol/Drug Treatment
			tal Health Information
41	thorization to Discuss Health Information	HIV	-Related Information
(	b)   By initialing here I authorize		
	to discuss my health information with my attorney, or a gove	Name of individual health care promental agency, listed here:	rovider
	(Attorney/Finn Name or Go	vernmental Agency Name)	
0		11. Date or event on which this aut	
	☐ At request of individual.  ☐ Other:	14v from dato o	f signature
2	If not the patient, name of person signing form:	13. Authority to sign on behalf of p	patient:
	items on this form have been completed and my questions abou	t this form have been answered. In ad	dition, I have been provided a
J	y of the form.	Date: 8/20/18	
	miff	Date: 8 30 18	and the state of t
-11	ignature of patient or representative authorized by law.	Conta Dublia Hantab Y	rmatian which requesible could
	Human Immunodeficiency Virus that causes AIDS. The New York	State Public Health Law protects into	mation which reasonably could

identify someone as having HIV symptoms or infection and information regarding a person's contacts.

Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 121 of 387

Fax Call Report

## HP LaserJet 500 MFP M525

Page 1

Fax Header Information

office fax 7166752885 Aug/20/2018 4:24:06 PM

JOD	Date/Time	Type	Identification	<b>~</b>		
2699	Aug/20/2018 4:21:53 PM	Send		Duration	Pages	Result
	5	Seria	6502691	2:11	2	Success

DAVID W. POLAK

Attorney at Law P.C.

1370 Union Road West Seneca, New York 14224 Phone (716) **675-ATTY** (2889) Fax (716) 675-2885 \*

www.personalinjurywny.com www.wnytrucklawyer.com Legal Assistant: Cheryl A. Schenk

\* (not for service)

August 20, 2018

Millard Fillmore Hospital
Attn: Medical Records
1540 Maple Road
Williamsville, New York 14224

Re:

Attorney:

David W. Polak, Esq.

Your Patient:

Date of Birth: Date of Injury: Shaulene Smith November 15, 1973 February 2, 2018

Dear Sir or Madam:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Very truly yours,

Cheryl \$chenk

DAVID W. POLAK Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road West Seneca, New York 14224 Phone (716) **675-ATTY** (2889) Fax (716) 675-2885 \* www.personalinjurywny.com

www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

August 1, 2018

Via Facsimile: (716) 695-8592 City of North Tonawanda

Office of the City Attorney Attn: Luke A. Brown, Esq.

216 Payne Avenue

North Tonawanda, New York 14120

Shaulene Smith v. City of North Tonawanda Re:

Dear Mr. Brown:

As you are aware our office has and continues to represent Shaulene Smith who sustained injury with respect to an incident that took place on City Property on February 2, 2018.

Enclosed for your file is a copy of a Lien Notice from Standard Security Life Insurance on behalf of Ms. Smith.

Thank you for your attention to this matter. Should you have any questions please contact Mr. Polak at your earliest convenience.

Melyl a. Scherk Cheryl A. Schenk

/cs

OCA Official Form No.: 960

Social Security Number

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA [This form has been approved by the New York State Department of Health]

P	tient Name	Date of Birth ///5/73	Social Security Number
Pa	tient Address	-th Tonawande	17 /1127
	000		
l, o	my authorized representative, request that health information r	egarding my care and treatment be rele	ased as set forth on this form:
ln a	coordance with New York State Law and the Privacy Rule of the	e Health Insurance Politability and Acce	difficulty rice of 1770
	PAA), I understand that: This authorization may include disclosure of information rel	ating to ALCOHOL and DRUG AE	BUSE, MENTAL HEALTH
	to a material and and confident and confidential	T. HIV* RELATED INFORMATION	d Ottis II I brace mis iniciais on
. 1	into the in term $O(a)$ . In the event the health information	on described below includes any of the	se types of information, and i
	that I was an the how in Itom 9(a) I specifically authorize releas	se of such information to the person(s) i	ndicated in field o.
_ !	ic a continuing the galance of HIV-related alcohol or dried	treatment, or mental health treatment	. Illiormation, the recipient is
pro	nibited from redisclosing such information without my author	orization unless permitted to do so u	tion without authorization. If
unc	erstand that I have the right to request a list of people who may perience discrimination because of the release or disclosure of	HIV-related information 1 may contact	the New York State Division
l e	perience discrimination because of the release of disclosure of a discrimination because of the release of discrimination because of the release of discrimination because of the release of discrimination because of the release of discrimination because of the release of discrimination because of the release of discrimination because of the release of discrimination because of the release of discrimination because of the release of discrimination because of the release of discrimination because of the release of discrimination because of the release of discrimination because of the release of discrimination because of the release of discrimination because of the release of discrimination because of the release of discrimination because of the release of discrimination because of the release of discrimination because of the release of t	mission of Human Rights at (212) 30	06-7450. These agencies are
- 1	7.1. Commentation on rights		
2 ]	have the right to revoke this authorization at any time by writ	ing to the health care provider listed be	low. I understand that I may
- 1	a this substraction except to the extent that action has already	/ been taken based on this authorization	l.
a l	understand that signing this authorization is voluntary. My	treatment, payment, enrollment in a	health plan, or eligibility for
. 1	The state and discount was my authorization of this discle	osure	
5.	nformation disclosed under this authorization might be redisc	losed by the recipient (except as note	d above in hem 2), and the
	sclosure may no longer be protected by federal or state law. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU	TO DISCUSS MY HEALTH INFO	RMATION OR MEDICAL
6.	RE WITH ANYONE OTHER THAN THE ATTORNEY OF	S COVERNMENTAL AGENCY 25 F	CIPIED IN LIEU 2 (b).
7	lame and address of health provider or entity to release this info	rniation: White Flow	10RE SUBURBAN
H	LA MONTE OFFICE WILLIAMSVI	LY_ NY 1480	1.7 (0) (1) (10)
8.	lame and address of person(s) or category of person to whom this	s information will be sent:	W. FULHERO
x	1) UNION ROPD, WEST SKNEED	NY 14224	
9(a)	. Specific information to be released:	2 2 2 3 4	
	15/14 1: 1 Description (incert date)	o (insert date)	aculte radiology studies films.
1	D Entire Medical Record, including patient histories, office no referrals, consults, billing records, insurance records, and re	nees (except psymnomerapy notes), test to	providers.
		Include: (Indicate l	by Initialing)
	Other:		/Drug Treatment
		Mental	Health Information
1			elated Information
	horization to Discuss Health Information	**************************************	ZANLOW XIIIO
(b	) □ By initialing here I authorize	Name of individual health care provi	der
	Initials	Name of individual licatiff care provi	del
	to discuss my health information with my attorney, or a govern	minomar agono, indica mara.	
	(Attorney/Firm Name or Gov	ernmental Agency Name)	instina will overing
10	Reason for release of information:	11. Date or event on which this autho	rization will expire:
1	At request of individual	Ich from artist	SIMONIAUR
	If not the patient, name of person signing form:	13. Authority to sign on behalf of pati	ent:
- 1			**************************************
A 11 :	tems on this form have been completed and my questions about	this form have been answered. In addit	ion, I have been provided a
	of the form.	1110	
1	and the same of th	8110018	
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Si	gnature of patient or representative authorized by law.		at which was another sould
* 1	Ruman Immunodeficiency Virus that causes AIDS. The New York	State Public Health Law protects information regarding a person's contacts.	ation which reasonably could

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 125 of 387

•		
Temperature		
Intravascular		67.59 kg
Weight	67.59 kg	07.07 3.5

With:

Address:

When:

UB Neuro Surgery 218-1000

With:

Address:

When:

University Ortho 204-3200

With:

Address:

When:

LYNNE ROSS

LYNNE ROSS, MD, PC, 43 NIAGARA STREET NORTH TONAWANDA, NY 14120 (716) 690-2001 Business (1)

## Medication Information:

Allergy Info:

No Known Medication Allergies

Immunizations:

None given this visit

Explanation of your Complete Medication List (if you are not on any medications, below will be blank)

CHANGES: Medications with changes in dosing

CVS/pharmacy #0589, 955 PAYNE AVE MID-CITY PLAZA NORTH TONAWANDA, NY 14120, (716) 693 - 1091

Start Taking: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) 1 tablet oral every 6 hours for 3 days. Refills: 0.

Stop Taking: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) 1 tablet oral every 6 hours.

## Below is a Complete list of your medications

oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) 1 tablet oral every 6 hours for 3 days. Refills: 0.

**Medication Comments:** 

Additional Comments:

## DISCHARGE INSTRUCTIONS

Order Name

**Order Details** 

TEST RESULTS PENDING LABORATORY RESULTS:

None

## PENDING RADIOLOGY RESULTS:

None

Laboratory or Other Results This Visit (last charted value for your 02/03/2018 visit)

## GENERAL LABORATORY

02/03/2018 10:23 AM

Albumin Level: 3.8 g/dL -- Normal range between (3.5 and 5.0)

Alkaline Phosphatase: 72 unit/L -- Normal range between (30 and 140)

ALT: 11 unit/L -- Normal range between (5 and 50)

Anion Gap: 7 mmol/L -- Normal range between (5 and 15)

AST: 15 unit/L -- Normal range between (5 and 50)

Baso Abs: 0.0 x10^9/L

Basophils: 0.7 %

Bilirubin: 0.6 mg/dL -- Normal range between (0.2 and 1.2)

BUN: 8 mg/dL -- Normal range between (5 and 25)

Calcium Level: 10.1 mg/dL -- Normal range between (8.5 and 10.5) Carbon Dioxide: 25 mmol/L - Normal range between (20 and 32)

Chloride: 105 mmol/L -- Normal range between (96 and 110)

Eos Abs: 0.2 x10^9/L

Eos: 3.2 %

MCH: 26.7 pg -- Normal range between (28.0 and 34.0)

Patient Name SMITH, SHAULENE N FIN # 75213332

4 of 8

MRN 1003295790

## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 128 of 387

MCHC: 32.8 g/dL -- Normal range between (32.0 and 36.0) MCV: 81.4 fL -- Normal range between (78.0 and 100.0) RDW: 13.4 % -- Normal range between (11.5 and 14.0) RBC: 4.31 x10^12/L -- Normal range between (4.20 and 5.40) Het: 35.1 % -- Normal range between (37.0 and 47.0) Hgb: 11.5 g/dL -- Normal range between (12.0 and 16.0) WBC: 6.0 x10^9/L -- Normal range between (4.0 and 10.5) Lipase Level: 39 unit/L -- Normal range between (7 and 78) Lymp Abs: 1.9 x10^9/L -- Normal range between (1.5 and 3.5) Lymph: 32.1 % -- Normal range between (20.0 and 48.0) Mono Abs: 0.4 x10^9/L Mono: 7.2 % Neut Abs: 3.4 x10^9/L -- Normal range between (1.5 and 6.6) Platelet: 257 x10^9/L -- Normal range between (150 and 450) Protein: 7.1 g/dL -- Normal range between (6.0 and 8.0) Creatinine: 0.64 mg/dL -- Normal range between (0.40 and 1.40) Glucose Level: 90 mg/dL -- Normal range between (60 and 100) MPV: 9.8 fL -- Normal range between (9.0 and 12.0) Potassium Level: 4.1 mmol/L -- Normal range between (3.5 and 5.3) Sodium Level: 137 mmol/L -- Normal range between (135 and 145) GFR: >60 mL/min/1.73 m2

GFR AfrAmer: >60 mL/min/1.73 m2

Neutrophils: 56.6 % -- Normal range between (38.0 and 77.0)

ADDITIONAL LABORATORY AND/OR OTHER DIAGNOSTIC TEST RESULTS MAY BE AVAILABLE. PLEASE FOLLOW UP WITH YOUR PRIMARY CARE PROVIDER.

## Lynne Ross, M.D., P.C.

43 Niagara Street N. Tonawanda, NY 14120-6115

(716)-690-2001

## Clinical Visit Summary of Today's Visit

02/08/2018 Visit with DEBORAH BUSH, FNP

Shaulene N Smith

DOB: 11/15/1973 Sex: F Race: Black / African American Ethnicity: Not Hispanic / Latino Preferred Language: English

Vitals

Wt: 159lb 2oz Ht: 60" BP: 130/80 Pulse: 70 Resp: 16 O2SatR: 99 IBW: 100 BMI: 31.1

Today's Diagnosis

Dorsalgia, unspecified (M54.9) Body mass index (BMI) 31.0-31.9, adult (Z68.31)

**Problem List** 

Body mass index 30+ - obesity Neck pain Headache Iron deficiency anemia

Allergies

No Known Drug Allergy

### Medications

New

DEBORAH BUSH, FNP

Gabapentin: 100 mg, take 1 capsule by mouth at bedtimes as needed for nerve pain (M54.9)

Cyclobenzaprine HCL: 5 mg, take 1 tablet by mouth 3 times per day as needed for muscle spasm (M54.9)

Naproxen DR: 500 mg, take 1 tablet by mouth 2 times per day (M54.9)

Continue

DEBORAH BUSH, FNP

Flonase Allergy Relief: 50 mcg/Act, 1-2 sprays per nare per day (H69.90)

ERIN VOGL, PA-C

Losartan Potassium : 25 mg, take 1 tablet by mouth daily for high blood pressure (I10)

Discontinue

DEBORAH BUSH, FNP

Vitamin D (Ergocalciferol): 50000 Unit, take 1 capsule by mouth weekly for vitamin d deficiency

Ferrous Sulfate: 325 (65 Fe) MG, 1 by mouth twice a day

Unspecified Prescriber

. Medroxyprogesterone Acetate: 10 mg, 1 by mouth every day

Comments

Dorsalgia, unspecified (M54.9)

Acute.

Page #2

Shaulene N Smith DOB 11/15/1973

pt will be out of work for the next few weeks will give note when she needs to go back to work went to the ER T 12 mild compression fracture D&E

Future Appointments 03/01/18 Thr 8:40a Loc: 1 BUSH, DEBORAH, FNP

Loc: 1 Lynne Ross, M.D., P.C. Lynne Ross, M.D., P.C. 43 NIAGARA STREET N. Tonawanda, NY 14120-6115 Phone: (716)-690-2001 Fax: (716)-690-2239

Smoking Status

Smoking: Patient has never smoked.

Today's Payment Type:

Today's Payment Amount: 0.00

DAVID W. POLAK

Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road West Seneca, New York 14224 Phone (716) **675-ATTY** (2889) Fax (716) 675-2885 \* www.personalinjurywny.com www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

March 5, 2018

Lynne Ross, M.D., P.C. Attn: Medical Records 43 Niagara Street N. Tonawanda, New York 14120

Re:

Your Patient:

Shaulene Smith

Date of Birth: Date of Injury: November 15, 1973 **February 2, 2018** 

Dear Sir or Madam:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Cheryl Schenk

OCA Official Form No.: 960 AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA This form has been approved by the New York State Department of Health) Social Security Number Patient Name Patient Address I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH (HIPAA), Lunderstand that: TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV\* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient i prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may responsible for protecting my rights. revoke this authorization except to the extent that action has already been taken based on this authorization. 4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for ber efits will not be conditioned upon my authorization of this disclosure. 5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICA redisclosure may no longer be protected by federal or state law. CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b). Name and address of health provider or entity to release this information: LYNAK K NIAGARA STREET - N. TOWAWANDA Name and address of person(s) or category of person to whom this information will be sent: DUNION' ROAD-WEST STATERA 9(:). Specific information to be released: Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, to (insert date) 1/2 referrals, consults, billing records, insurance records, and records sent to you by other health care providers. Include: (Indicate by Initialing) Alcohol/Drug Treatment Other: Mental Health Information HIV-Related Information Authorization to Discuss Health Information Name of individual health care provider (b) D By initialing here\_ to discuss my health information with my attorney, or a governmental agency, listed here: (Attorney/Firm Name or Governmental Agency Name) 11. Date or event on which this authorization will expire: 10 Reason for release of information:

12 If not the patient, name of person signing form: Al items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law.

At request of individual

也Other:

Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

13. Authority to sign on behalf of patient:

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

OCA Official I	form	No.:	960
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II.	AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUA	(h) . "
P	Date of Birth,	Social Security Number
	81 1000 Donith 1/1/3/63	
	tient Address	N7. 14120
L.,	request that health information regarding my care and treatment be rele	ased as set forth on this form
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uno	erstand that I have the right to request a list of people who have set the right to request a list of people who have set they related information. I may contact	the New York State Division
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4.	I understand that signing this authorization is voluntary, by treatment, payment, or effect will not be conditioned upon my authorization of this disclosure.	2) and this
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6.	sclosure may no longer be protected by federal or state law. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFO RE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPI	ECIFIED IN ITEM 9 (b).
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8.	Name and address of person(s) or category of person to whom this information will be sent:	W. YOUPIL, KESG
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10	Specific information to be released:  Medical Record from (insert date)  Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test to go by other health care.	esults, radiology studies, films,
	Entire Medical Record, including patient histories, office notes (except psycholic approach to the property including records, insurance records, and records sent to you by other health care referrals, consults, billing records, insurance records, and records sent to you by other health care	providers.
	Include: (matcute	by Immanis)
		l/Drug Treatment
	Menta	Health Information
۸.,	thorization to Discuss Health Information HIV-R	elated Information
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(1	n)   By initialing here I authorize  Initials  Name of individual health care prov	Aget
	to discuss my health information with my attorney, or a governmental agency, listed here:	
	(Attorney/Firm Name or Governmental Agency Name)    Date or event on which this authority of the second sec	orization will expire:
10	Reason for release of information:	CC: Mathod
	Other: A TON ALTO	f signature
12	Other: 13. Authority to sign on behalf of pa	tient:
- 0		L'and hoen provided a
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	factions or representative authorized by law.	
,	The New York State Public Health Law protects infort	nation which reasonably could
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	TO DDOV	IDE ALL RECORDS

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

DAVID W. POLAK

Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) 675-ATTY (2889)
Fax (716) 675-2885 \*
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

February 26, 2018

Degraff Memorial Hospital

Attn: Medical Records

445 Tremont Street

N. Tonawanda, New York 14120

Re:

Your Patient:

**Shaulene Smith** 

Date of Birth:

November 15, 1973

Date of Injury:

**February 2, 2018** 

Dear Sir or Madam:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Very truly yours,

Cheryl Schenk

DAVID W. POLAK

Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) 675-ATTY (2889)
Fax (716) 675-2885 \*
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

February 26, 2018

Lynne Ross, M.D., P.C.

Attn: Medical Records

43 Niagara Street

N. Tonawanda, New York 14120

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very truly yours

Cheryl Schenk

	OCA Official Form No.: 960 AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA This form has been approved by the New York State Department of Health	
Pi	Slaulene Smith Date of Birth Social Security Number	
	tient Address	
In a (HI) 1. TR the init 2. pro una 1 ex of res; 3. rev 4. ber 5. red 6. CA 7.	my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: my authorized representative, request that health information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH. This authorization may include any protest, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials or appropriate line in Item 9(a). In the event the health information described below includes, any of these types of information, and appropriate line in Item 9(a). In the event the health information described below includes, any of these types of information, and appropriate line in Item 9(a). In the event the health information described below includes, any of these types of information, and appropriate line in Item 9(a). In the event the health information described below includes, any of these types of information, and appropriate line in Item 9(a). I specifically authorize release of such information in the person(s) indicated in Item 8. In Item 8. In Item 8. In Item 8. In Item 9(a), I specifically authorized in Item 8. In Item 8. In Item 8. In Item 8. In Item 8. In Item 8. In Item 9(a), I specifically authorized in Item 8. In Item 9(a), I specifically authorized in Item 8. In Item 9(a), I specifically authorized in Item 8. In Item 9(b) authorized in Item 8. Item 9(b) and	or is
	)   By initialing here I authorize Name of individual health care provider  Initials  to discuss my health information with my attorney, or a governmental agency, listed here:	
	(a) Annay Name)	-
10	11. Date or event on which this authorization was	
10	DAI request of individual 1 01	2
	MOther: 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	
12	If not the patient, name or person signing terms	-
۸11	items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a	

copy of the form.

Signature of patient or representative authorized by law.

Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having 111V symptoms or infection and information regarding a person's contacts.

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

# ADVANCED CARE WHEATFIELD

### **Advanced Care Wheatfield**

3780 Commerce Court **STE 300** Wheatfield, NY 14120-2025

**Idvanced** Can Personal care that gets you results.

Phone: (716) 282-2888 Fax: (716) 285-1281

Progress Evaluation for Shaulene Smith11/15/1973 Case: Neck & BAck/Wellcare

Therapist: Craig Reinstein MSPT CMTPT FAFS

CLT CCT

Nicholas Chuba, PT, DPT Referred by: Jonathan Riley, MD

09/06/18 🗸 Diagnosis: Cervical disc disorder with myelopathy, unspecified cervical region Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing

### Subjective

I'm very tired today from getting updated imaging for the neurologist later this month. My pain is not as bad and am going without my brace more often.

#### **Precautions**

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN. **Medical History Questionaire** 

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

#### **Patient Rights**

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

#### Medications

Medications: See attached list.

#### **Imaging**

Imaging: Results: T11-T12 compression fx maintaining.

#### Past Medical History:

Past Medical History: No significant history.

### Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

#### Onset

Date of Onset: February 2018. Description: Pt. reports slipping and falling on some black ice In February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition, Provacative Factors' siffing, standing, Heling, Alluviating ractors: Laying down is most comfortable position. Work Status: Unemployed. Past Treatments: None.

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

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## Pain Rating

Verbal Pain Rating at Present

6 - Moderate Pain (4 - 6)

Verbal Pain Rating at Best

5 - Moderate Pain

(4 - 6)

Verbal Pain Rating at Worst

10 - Worst Imaginable Pain

### Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies

### General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor on:.

#### Objective

	Result	Note
Low Back Pain Scale		HOICE
Section 1- Pain intensity	5. The pain is severe and does not vary much.	
-	<ol> <li>4.I cannot walk more than</li> <li>1/4 mile without increasing pain.</li> </ol>	
•	3.Pain prevents me from sitting more than 1/2 hour,	
Section 6-Standing	4.1 cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
PTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Section 1- Pain intensity  Section 4-Walking  Section 5-Sitting  Section 6-Standing  Total Score  PTIMAL (Functional Tool)  Sitting  Squatting  Balancing  Walking- short distances  Reaching  Carrying  Total Score	Able to do with moderate difficulty (3)	
	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	
it		
Abnormality: Slow Speed, Poor Balance		

Ga

Result

Note

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		m	
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Caprical Antius DOM

Cervical Active ROM			
Cervical Extension AROM	27 degi	rees	
Cervical R. Rotation AROM	55 degr		painful
Lumbar Active ROM			(2000)
Lumbar Flexion	10 °		
Lumbar Extension	0 °		
Upper Quarter Manual Assessment			
Physiological Side Glide (C2-7)	Limited	due to pain	
Flexibility			
L. Upper Trap	Abnomi	al	
Sub-occipital	Abnorma	aí	
Neural Tension Tests			
L. Median Tension Test	Positive		
L. Radial Nerve Tension Test	Positive		
Palpation Tenderness Scale			
Tenderness	4 = Unab	le to Palpate	
Elbow Muscle Testing			
Triceps Strength	3- /5		
Wrist Muscle Testing			
Wrist Flexor Strength	3- /5		
Bilateral Lower Extremity	Left	Right	
LE Myotome Testing (MMT)			
L2-3 (Hip Flexors)	3 /5	4 /5	
L3-4 (Knee extensors)	3 /5	4+ /5	
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5	
Assessment			

Patient was able to perform about half the session standing and half the session in sitting which shows improved tolerance/endurance to more weightbearing positions with less pain. Introducing further low grade exercises to improve UE and LE weakness to tolerance with back pain. Able to perform entire therapy session without back brace and no significant increase in pain demonstrating improving endurance.

### **Assessment**

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. Rehabilitation Potential: Good with skilled physical therapy and implementation of comprehensive HEP. Lower Quarter Problems: Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. Low Back Diagnosis: Lumbar strain/sprain. Thoracic Diagnosis: Compression fracture T11-T12.

#### Specific goal:

**Primary goal of continued therapy:** To achieve functional goal of: the above mentioned activities.

Plan

Plan

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Page 3 of 6

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities pm.

#### Plan of Care

Frequency: 2-3 visits per week. Duration: 8-12 weeks. Manual Therapy Techniques: To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. Stabilization Exercise: Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. Therapeutic Exercise: To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve, muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. Therapeutic Activities: To use functional, dynamic tasks from everyday living to improve range of motion and strength. Self Care/ Home Management: For ADL training, safety and/or instruction in use of adaptive equiptment. Neuromuscular Re-education: To re-educate movement, balance, coordination, kinesthetic sense, posture and/or propioception for sitting and/ or standing activities.

### **Treatment Plan Discussion**

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals				and and brog	riosis with hat	en.
Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	e 6 - Moderate Pain (4 - 6)	e 0 - No Pain	11/8/18		On.
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1 Pain Intensity	severe and does not vary much.	severe and	comes and	11/8/18		
4: Section 4- Walking	<ul> <li>4.l cannot walk more than 1/4 mile without increasing pain.</li> </ul>	4.l cannot walk more than 1/4 mile without increasing pain.	0.l have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.I can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4.1 cannot stand for longer than 10 minutes without increasing pain.	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
7: Total Score	38 /50	38 /50	0 /50	11/8/18		

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8: Sitting	Able to do with much difficulty (4	with much	without an	у
9: Squatting	Able to do with moderate difficulty (3	Able to do with moderate ) difficulty (3	without and difficulty (1	
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3	Able to do without any difficulty (1)	
11: Walking- short distances	Able to do with much difficulty (4)	Able to do with much	Able to do without any	
12; Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	
13: Carrying	Unable to d (5)	o Unable to d (5)	o Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed Poor Balance.	Slow Speed Poor Balance.	. Normal gait	11/8/18
16; Tenderness	4 = Unable to Palpate	0 4 = Unable t Palpate	0 0 = No pain with Palpation	11/8/18
17; L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18
19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub- occipital	Abnormal	Abnormal	Normal	11/8/18
21: I Physiologica I I Side Glide (C2-7)	imited due o pain	Limited due to pain	WFL	11/8/18
22: Lumbar ( Extension	) °	0 °	30 °	11/8/18
23: Lumbar 1 Flexion	0% *	10 °	90 °	11/8/18
24: Cervical 2 Extension AROM	7 degrees	27 degrees	60 degrees	11/8/18
25: Cervical 5: R. Rotation	5 degrees	55 degrees	90 degrees	11/8/18

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F	r	o	m	1:

AROM				
26: Wrist Flexor Strength	3- /5	3- /5	5 /5	11/8/18
27: Triceps Strength	3- /5	3-/5	5 /5	11/8/18
Bilateral Low	er Extremity			
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

Fiell Cll PT, DPT

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chuba, PT, DPT

09/06/18 6:16 pm

Craig Reinstein MSPT CMTPT FAFS CLT CCT

09/10/18 7:34 pm

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Page 6 of 6

From: Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/24018age:444 of 38729 P.007/021

## Advanced Care Wheatfield

3780 Commerce Court STE 300 Wheatfield, NY 14120-2025

Phone: (716) 282-2888

Fax: (716) 285-1281

Progress Evaluation for Shaulene Smith11/15/1973 Case: Neck & BAck/Wellcare Therapist: Kristy Frye PT DPT Nicholas Chuba, PT, DPT Referred by: Jonathan Riley, MD 09/04/18 
Diagnosis: Cervical disc disorder with myelopathy, unspecified cervical region Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with

routine healing

ldvanced Care

Personal care that gets you results.

BODANS AND SECTION OF SHEET AND ADDRESS.

#### Subjective

I was very sore over the weekend from pushing it harder last visit from feeling so good. I was thinking about buying an exercise bike like the one here for home and hoping that's ok.

#### **Precautions**

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN. Medical History Questionaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

### **Patient Rights**

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

#### Medications

Medications: See attached list.

### **Imaging**

Imaging: Results: T11-T12 compression fx maintaining.

#### Past Medical History:

Past Medical History: No significant history.

#### Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

#### Onset

Date of Onset: February 2018. Description: Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. Provacative Factors: sitting, standing, lifting. Alleviating Factors: Laying down is most comfortable position. Work Status: Unemployed. Past Treatments: None.

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

Page 1 of 6

**Pain Rating** 

Verbal Pain Rating at Present

6 - Moderate Pain

(4 - 6)

Verbal Pain Rating at Best

5 - Moderate Pain

(4 - 6)

**Verbal Pain Rating at Worst** 

10 - Worst Imaginable Pain

#### Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

#### General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor on:.

#### Objective

Objective		
	Result	Note
Low Back Pain Scale		
Section 1- Pain intensity	5.The pain is severe and does not vary much.	
Section 4-Walking	4.I cannot walk more than 1/4 mile without increasing pain.	
Section 5-Sitting	<ol><li>Pain prevents me from sitting more than 1/2 hour.</li></ol>	
Section 6-Standing	<ol> <li>4.I cannot stand for longer than 10 minutes without increasing pain.</li> </ol>	
Total Score	38 /50	
OPTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

#### Gait

Abnormality: Slow Speed, Poor Balance.

Result

Note

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

Page 2 of 6

Cervical Active KOM			
Cervical Extension AROM	27 degre	es	
Cervical R. Rotation AROM	55 degre	es	painful
Lumbar Active ROM			
Lumbar Flexion	10 °		
Lumbar Extension	0 °		
Upper Quarter Manual Assessment			
Physiological Side Glide (C2-7)	Limited d	lue to pain	
Flexibility			
L. Upper Trap	Abnorma	D-Ann	
Sub-occipital	Abnorma	1	
Neural Tension Tests			
L. Median Tension Test	Positive		
L. Radial Nerve Tension Test	Positive		
Palpation Tenderness Scale			
Tenderness	4 = Unab	le to Palpate	
Elbow Muscle Testing			
Triceps Strength	3- /5		
Wrist Muscle Testing			
Wrist Flexor Strength	3- /5		
Bilateral Lower Extremity	Left	Right	
LE Myotome Testing (MMT)			
L2-3 (Hip Flexors)	3 /5	4 /5	
L3-4 (Knee extensors)	3 /5	4+ /5	
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5	
Accoccment			

Assessment

Cervical Active ROM

Patient was able to perform about half the session standing and half the session in sitting which shows improved tolerance/endurance to more weightbearing positions with less pain. Introducing further low grade exercises to improve UE and LE weakness to tolerance with back pain. Will assess tolerance to activities without brace next visit.

#### Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. Rehabilitation Potential: Good with skilled physical therapy and implementation of comprehensive HEP. Lower Quarter Problems: Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. Low Back Diagnosis: Lumbar strain/sprain. Thoracic Diagnosis: Compression fracture T11-T12.

#### Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

## Plan

#### Plan

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

Page 3 of 6

functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities pm.

#### Plan of Care

Frequency: 2-3 visits per week. Duration: 8-12 weeks. Manual Therapy Techniques: To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. Stabilization Exercise: Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. Therapeutic Exercise: To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve. muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. Therapeutic Activities: To use functional, dynamic tasks from everyday living to improve range of motion and strength. Self Care/ Home Management: For ADL training, safety and/or instruction in use of adaptive equiptment. Neuromuscular Re-education: To re-educate movement, balance, coordination, kinesthetic sense, posture and/or propioception for sitting and/ or standing activities.

#### **Treatment Plan Discussion**

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

item	Initial		Goal	Du Data	Our man or	A shifted and
A. Maulant		Current	Goai	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1- Pain ntensity	5.The pain is severe and does not vary much.	5.The pain is severe and does not vary much.	O.The pain comes and goes and is very mild.	11/8/18		
l: Section 4- Valking	4.I cannot walk more than 1/4 mile without increasing pain.	4.l cannot walk more than 1/4 mile without increasing pain.	0.I have no pain on walking.	11/8/18		
: Section 5- litting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.I can sit in any chair as long as I like.	11/8/18		
	stand for longer than 10 minutes without increasing	4.I cannot stand for longer than 10 minutes without increasing pain.	O.I can stand as long as I want without pain.	11/8/18		
: Total core	38 /50	38 /50	0 /50	11/8/18		
Sitting	Able to do	Able to do	Able to do	11/8/18		

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

Page 4 of 6

	with much	with much	without any	
9: Squattin	difficulty (4 g Able to do	) difficulty (4) Able to do	difficulty (1) Able to do	) 11/8/18
	with moderate difficulty (3)	with moderate difficulty (3)	without any difficulty (1)	,
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Waiking short distances	<ul> <li>Able to do with much difficulty (4)</li> </ul>	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	(5) Unable to de	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance.	Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18
19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub- occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologica I Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10 °	90°	11/8/18
24: Cervical : Extension AROM	27 degrees	27 degrees (	60 degrees	11/8/18
25: Cervical & R. Rotation AROM	55 degrees	55 degrees 9	00 degrees	11/8/18

Shaulene SmithPrinted on: 11/20/2018 12:49 PM Page 5 of 6 Visit Date: 09/04/18

**Emergency Medicine** 

# Vertebral Fracture

You have a fracture of one or more vertebra. These are the bony parts that form the spine. Minor vertebral fractures happen when people fall. Osteoporosis is associated with many of these fractures. Hospital care may not be necessary for minor compression fractures that are stable. However, multiple fractures of the spine or unstable injuries can cause severe pain and even damage the spinal cord. A spinal cord injury may cause paralysis, numbness, or loss of normal bowel and bladder control.



Normally there is pain and stiffness in the back for 3 to 6 weeks after a vertebral fracture. Bed rest for several days, pain medicine, and a slow return to activity is often the only treatment that is needed depending on the location of the fracture. Neck and back braces may be helpful in reducing pain and increasing mobility. When your pain allows, you should begin walking or swimming to help maintain your endurance. Exercises to improve motion and to strengthen the back may also be useful after the initial pain improves. Treatment for osteoporosis may be essential for full recovery. This will help reduce your risk of vertebral fractures with a future fall.

During the first few days after a spine fracture you may feel nauseated or vomit. If this is severe, hospital care with IV fluids will be needed.

Arrange for follow-up care as recommended to assure proper long-term care and prevention of further spine injury.

# SEEK IMMEDIATE MEDICAL CARE IF:

- · You have increasing pain, vomiting, or are unable to move around at all.
- · You develop numbness, tingling, weakness, or paralysis of any part of your body.
- · You develop a loss of normal bowel or bladder control.
- · You have difficulty breathing, cough, fever, chest or abdominal pain.

# MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 150 of 387

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 01/25/2006 Document Revised: 03/11/2013 Document Reviewed: 08/10/2010 ExitCare® Patient Information ©2015 ExitCare, LLC.



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3980-A Shexklan Drive Annherst, HT 14226 716/218-1008 EMR Fax: 716/650-2691

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5959 Big Tree Road - Suine 103 Orchard Park, NY 14127 716/218-1809 EMB Fac 716/677-1038

Obited Children's Outpettent Center Conventus Building 1001 Maie Street - Sid Flour Buffalo, NY 14203. 716/218-1040 EMR Fax: 716/242-2535

> The Park Center 180 Park Cleb Lane Williamsville, HY 14221 716/839-8402 EMIT For: 716/839-3570

6930 Williams Road - Saite 1800 (Dr. Mixinel Stoffman) Magara Falls, NY 14394 716/218-1008 EMR Fant 716/205-8386

Interventional Pain Management (Or. Julia Subdique, Or. Andrew Wong) 160 Park Chib Cane Subjection Williamsville, NY 14221 176/214-1800 EMR Face 716/380-7677 April 26, 2018

Patient Name: Shaulene N Smith

Date of Birth: 11/15/1973
Date of Exam: 04/26/18

Physician: Jonathan Riley, MD

History: The patient is a 44-year-old female who had a fall in early February of 2018 with the development of focal back pain. The patient recently when seen on 03/15/2018 was put in a TLSO given the presence of ongoing pain after a prior compression fracture at this point. The patient is seen on 04/26/2018 approximately two weeks after having been fitted with the TLSO. She returns to clinic at this time with new imaging.

Her symptomatology is essentially the same. She has improvement while wearing the brace but has discomfort when removing.

Physical Examination: The patient is alert and oriented x 3. Following commands positive. Pupils equal, round, and reactive to light. Extraocular movements are intact. Following commands x four extremities. She is 5/5 x four extremities.

Review of Studies: Patient has thoracic AP and lateral films which show no discernible change, certainly no worsening compression.

Medical Decision Making: The patient is a 44-year-old female status post a minimal T12 compression fracture and now with a TLSO brace. We recommend that the patient maintain a three-month period of brace utilization. We will have her follow up in clinic in approximately 2 1/2 months with a repeat CT scan. That will be a total of three months of wearing the brace. At that point in time, we will consider removing the brace and beginning the patient in physical therapy.

Thank you for allowing us to participate in this patient's care. Please do not hesitate to call with any questions or concerns.

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture

Sincerely,

Shaulene N Smith DD 04/26/2018

Page #2

Imake Play

Electronically signed by Jonathan Riley, MD Jonathan Riley, MD JR/jmb cc Lynne Ross MD

DAVID W. POLAK Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road West Seneca, New York 14224 Phone (716) **675-ATTY** (2889) Fax (716) 675-2885 \* www.personalinjurywny.com www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

May 7, 2018

City of North Tonawanda Attn: City Clerk 216 Payne Avenue North Tonawanda, New York 14120

Re:

Our Client: Shaulene Smith

February 2, 2018

Dear Sir or Madam:

Please be advised the undersigned has been retained to represent Shaulene Smith who sustained injury with respect to an incident that took place on the City Property on February 2, 2018 when she was walking along Payne Avenue (across from the Fore Hall) and was caused to slip and fall due to the dangerous, hazardous and slippery condition that was created by municipal entities and/or failure to remove snow and ice from the sidewalk along Payne Avenue in the City of North Tonawanda adjacent to the John Brauer Park.

As a result of the fall, Ms. Smith suffered a vertebral compression fracture of her thoracic spine at the T-12 level due to the fall. Enclosed please find a copy of records we have received from UBNS on behalf of our client.

Thank you for your attention to this matter. Should you have any questions please contact Mr. Polak at your earliest convenience.

ery truly yours,

A. Schenk

/cs

Enclosure

DAVID W. POLAK
Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
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Legal Assistant: Cheryl A. Schenk

\* (not for service)

May 7, 2018

City of North Tonawanda Attn: City Clerk 216 Payne Avenue North Tonawanda, New York 14120

Re: Our Client: Shaulene Smith

DOL: February 2, 2018

Dear Sir or Madam:

Please be advised the undersigned has been retained to represent Shaulene Smith who sustained injury with respect to an incident that took place on the City Property on February 2, 2018.

Enclosed please find a copy of a disability note we have received from UBNS on behalf of our client.

Thank you for your attention to this matter. Should you have any questions please contact Mr. Polak at your earliest convenience.

Very truly yours,

Cheryl A. Schenk

/cs

Enclosure



# NEUROSURGERY UBNB.COM

April 26, 2018

Elad L Levy, MD, MBA, FACS, FAHA Gregory J. Cardglio, MD, FACS Japan M, Danles, MD, PhO

Jason M. Dayles, MD, PhO John G. Fahrhach IV, MD Kevin I. Gibbons, MD, FACS, FAMS Veetol U, MD Doinglas B. Moveland, MD, FACS

Hobert J. Plusikett, MD John Pollina, MD, FACS Rende Reynolds, MD, FAANS Jonathan Wiley, MD

Adnan H. Sukinga, MO, PRO, FACS, FAHA Kenneth Y. Seyder, MO, PRO, FAANS Michael B. Stoffman, MO, FACS, FAANS

Interventional Pain Management Jalar W. Siddigal, NO, FARNIR, DARPA Andrea C. Wong, MD, DABA, DABAPM, MPH

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Buffalo General Medical Center 100 High Street - Section 84 Buffalo, NY 14203 714/258-1900 EMR Fax: 716/859-7480 & 7481

5959 Big Tire-Road - Suite 103 Oxford Park, NY 14127 714/218-1800 EMB Facc 716/677-4038

Orstel Children's Durpatient Cenier Convenius Building 1001 Main Street - 3nd Flour Buffalo, NY 14203 716/218-1940 EUR Fay: 716/342-2535

> The Park Center 180 Park Club Lane Wallantoville, NY 14221 714/039-4402 EMR Fact 316/039-3570

6930 Williams Road - Suite-1800 (Dr. Michael Skoffman) Miagara Falls, NY 14394 716/218-1800 EMIR Fac: 716/205-8386

Intérventional Páin Mariagement (Or. Jufar Stidiqui, Dr. Andrea Wong) 180 Parti Club Lane Soura 250 Williamsville, NY 14221 716/214-1600 EMB Fasc 716/380-7677 NAME: Shaulene N Smith

DOB:11/15/1973

ID: 418036

Please excuse Shaulene N Smith from work 04/26/2018 to 07/12/2018 due to illness/injury. She is scheduled to be re-evaluated on July 12, 2018 and further disability determination will be made at that time.

Sincerely.

The Ru

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD

#### Jonathan Riley, MD

Administrative Secretary: Jessica Kryszak......(716) 218-1000, ext 6116

For surgical scheduling questions:

Jessica Kryszak......(716) 218-1000, ext 6116 For billing questions.......(716) 218-1000, Press 2

It is very important to bring all imaging films or CDs and their reports if you have them to any future office visit. This could include,X-rays, CTs or MRIs. Thank you.

\*\*Please be sure to have ALL testing/referral appointments completed before FOLLOW UP appointment. Failure to do so can results in your appointment being cancelled or rescheduled to the next available appointment.\*\*

# DAVID W. POLAK

Attorney: David W. Polak, Esq.

Attorney at Law P.C.

1370 Union Road
West Seneca, New York 14224
Phone (716) 675-ATTY (2889)
Fax (716) 675-2885 \*
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

April 26, 2018

**UBNS** 

Attn: Medical Records 3980-A Sheridan Drive Amherst, New York 14226

Re:

Your Patient:

Date of Birth:
Date of Injury:

Shaulene Smith November 15, 1973 February 2, 2018

Dear Sir or Madam:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene from **March 16, 2018 to present** as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Mery truly yours,

All Mhak

Cheryl Schenk

Enclosure

OCA Official Form No.: 960

# AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

i U	图号:AUIT	OKIZA TON	was feet from anti-	roved by the	New York Sta	te Department of He	ealth)	
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7H	PAA) lunde	rstand that:				OHOL and DRUG	ABUSE, MENTA	AL HEALTH
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\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably identify someone as having HIV symptoms or infection and information regarding a person's contacts.

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

# DAVID W. POLAK

Attorney: David W. Polak, Esq. Attorney at Law P.C.

1370 Union Road
West Seneca, New York 14224
Phone (716) 675-ATTY (2889)
Fax (716) 675-2885 \*
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

March 20, 2018

Degraff Memorial Hospital

Attn: Medical Records

445 Tremont Street

N. Tonawanda, New York 14120

Re:

Your Patient:

**Shaulene Smith** 

Date of Birth:

November 15, 1973

Date of Injury: February 2, 2018

Dear Sir or Madam:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene from **February 26**, **2018 to present** as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

y Gry Liury yours

Cheryl Schenk

**Enclosure** 

OCA Official Form No.: 960

# AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

P	sient Name Slaulege Smith		Date of Birth	Social Security Number
P	tient Address 655 6/iver St. #2 No	rH	Tonowardo	NJ. 14120
1 (	my authorized representative, request that health information	regardir	g my care and treatment be rele	eased as set forth on this form:
In	coordance with New York State Law and the Privacy Rule of t	he Healt	h Insurance Portability and Acc	ountability Act of 1996
(14)	PAA) Lunderstand that:			
the init 2. pround 1 e. of	This authorization may include disclosure of information re EATMENT, except psychotherapy notes, and CONFIDENTI appropriate line in Item 9(a). In the event the health informatial the line on the box in Item 9(a), I specifically authorize release If I am authorizing the release of HIV-related, alcohol or druhibited from redisclosing such information without my authorized that I have the right to request a list of people who may perience discrimination because of the release or disclosure of Human Rights at (212) 480-2493 or the New York City Consible for protecting my rights.	AL HIV ion desc ase of su ig treatm orization receive HIV-rel mmission	* RELATED INFORMATIOn ibed below includes any of the chinformation to the person(s) tent, or mental health treatment unless permitted to do so to use my HIV-related informated information, I may contact of Human Rights at (212) 3	ese types of information, and I indicated in Item 8. It information, the recipient is inder federal or state law. I ation without authorization. If it the New York State Division 06-7450. These agencies are
3.	have the right to revoke this authorization at any time by wri	ting to the	he health care provider listed be	clow. I understand that I may
4.	oke this authorization except to the extent that action has alread understand that signing this authorization is voluntary. My	treatme	aken based on this authorization ent, payment, enrollment in a	n. health plan, or cligibility for
ber	efits will not be conditioned upon my authorization of this discl	osure.		d above in Itam 2) and this
5.	nformation disclosed under this authorization might be redis- sclosure may no longer be protected by federal or state law.	closed b	y the recipient (except as note	ed above in hem 2), and this
6 t	THIS AUTHORIZATION DOES NOT AUTHORIZE YOU	TO DI	SCUSS MY HEALTH INFO	RMATION OR MEDICAL
CA	RE WITH ANYONE OTHER THAN THE ATTORNEY OF	R GOVI	ERNMENTAL AGENCY SPI	CIFIED IN ITEM 9 (b).
4	ame and address of health provider or entity to release this info	Ali	ANDA NU 1910	IDRIAL HOSPITAL
3	ame and address of person(s) or category of person to whom the	CA)	AKUYOKK )	W. POUAK I RES
9(a)	Specific information to be released:  Medical Record from (insert date)  Entire Medical Record, including patient histories, office no referrals, consults, billing records, insurance records, and referrals.	o (insert otes (exc ecords se	ept psychotherapy notes), test re ent to you by other health care p lnclude: (Indicate l Alcohol	roviders.
A 1/11	norization to Discuss Health Information		HIV-Ro	elated Information
			—	
(b)	Initials		ame of individual health care provi	der
	to discuss my health information with my attorney, or a gover-	nmental	agency, listed here:	
	(Attorney/Finn Name or Gov	ernmenta	Agency Name)	
0	Reason for release of information:	11. Da	te or event on which this author	rization will expire:
5	At request of individual At request of individual At request of individual	14	V. TOM Late ( thority to sign on behalf of pati	fsignature
	f not the patient, name of person signing form:			
All in	ems on this form have been completed and my questions about	this form	n have been answered. In additi	on, I have been provided a
	of the form.			
	a de la companya della companya della companya de la companya della  Date:	3/20/18		
1	- Bull	Date:	-100110	
Sig	nature of patient or representative authorized by law.	a	19 77 1/5 Y	dian which reasonably could
Н	uman Immunodeficiency Virus that causes AIDS. The New York	State Pul tion rega	one meann Law protects inform:	mon which reasonably come

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

DAVID W. POLAK

Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road West Seneca, New York 14224 Phone (716) **675-ATTY** (2889) Fax (716) 675-2885 \*

www.personalinjurywny.com www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

March 8, 2018

City of North Tonawanda Attn: City Clerk 216 Payne Avenue North Tonawanda, New York 14120

Re:

Our Client: Shaulene Smith

DOL:

February 2, 2018

Dear Sir or Madam:

Please be advised the undersigned has been retained to represent Shaulene Smith who sustained injury with respect to an incident that took place on the City Property on February 2, 2018 when she was walking along Payne Avenue (across from the Fore Hall) and was caused to slip and fall due to the dangerous, hazardous and slippery condition that was created by municipal entities and/or failure to remove snow and ice from the sidewalk along Payne Avenue in the City of North Tonawanda adjacent to the John Brauer Park.

As a result of the fall, Ms. Smith suffered a vertebral compression fracture of her thoracic spine at the T-12 level due to the fall. Due to the fact that the City of North Tonawanda through its actions or inactions created the hazardous and dangerous condition thus leading to Ms. Smith's fall and resulting injury, notice is not a requirement for a premise liability claim.

Let this serve as our client's Notice of Claim of this incident. A formal Notice of Claim will be filed separately.

Notwithstanding, in the meanwhile, please place the insurance carrier on notice for the City of North Tonawanda for this injury. We will supplement this correspondence with additional medical records once they become available. In the meantime, please find enclosed herein medical records noting the T-12 compression fracture which occurred on February 2, 2018 while on the City of North Tonawanda property.

OCA Official Form No.: 960

# AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA [This form has been approved by the New York State Department of Health]

This form has been	approved by the New York State Departm	Social Security Number
III. Alama	Date of Birth	Social Security Number
Patient Name Smit	11/15/7.	3
Patient Address		1 14 11.120
1	2 North Toron	anda NJ. 14120
- W	alth information reparting my care and treat	ment be released as set forth on this form:
or my authorized representative, request that he accordance with New York State Law and the I	him mornation regularity Insurance Portabi	lity and Accountability Act of 1996
accordance with New York State Law and the I	myacy Rule of the Fremen mountain	THE STATE OF THE S
ulna at Lunderstand (half		DRIC ARTICE MENTAL HUALIN
This authorization may include disclosure of REATMENT, except psychotherapy notes, and	CONFIDENTIAL HIV* RELATED INF	ORMATION only if I place my mitials on
REATMENT, except psychotherapy notes, and appropriate line in Item 9(a). In the event the	health information described below includ-	es, any of these types of information,
the the time on the box in Helli y(a), I specifical	i y a a a a a a a a a a a a a a a a a a	to the amount information, the recipient to
If I am anthorizing the release of 11.	i lead marmilled	to do so inder leacial of state tax.
sibiled from redisclosing such information	William Ing admonistration	lated information without authorization. If
described that I have the right to request a rist of	people and a	may contact the New York State Division
experience discrimination because of the release Fluman Rights at (212) 480-2493 or the New	v York City Commission of Human Right	s at (212) 306-7450. These agencies are
sponsible for protecting my rights.		ider listed below. I understand that I may
have the right to revoke this authorization a	any time by writing to the health care provi	authorization.
I have the right to revoke this authorization a voke this authorization except to the extent that I understand that signing this authorization	action has already been taken based on and	ollment in a health plan, or eligibility for
Lunderstand that signing this authorization	is voluntary, my demander, p. 7	
Information disclosed under this authorization	n might be redisclosed by the recipient (e.	except as noted above in Item 2), and this
disclosure may no longer be protected by federa	or state law.	TIT INFORMATION OR MEDICAL
disclosure may no longer be protected by federa THIS AUTHORIZATION DOES NOT AL	THORIZE YOU TO DISCUSS MY HEA	CENCY SPECIFIED IN ITEM 9 (b).
		301911-19 SHERUDAN DE
de address of health provider of chilly	O leigase mis mioritation.	3 100 11 0/110,00
The same of the sa	4 11 4 13 / 11 / 1	DALID W. POLAR 1630
Name and address of person(s) or category of person(s)	SKUKCA, NEW YORK	- 14334
370 UNION KURD- WICO		Na k
(a). Specific information to be released:  Diffedical Record from (insert date)	13 18 to (insert date) PU	MA
Medical Record from (insert date)  Entire Medical Record, including patient	" to the affice noise (except nevcholinerab)	notes), test results, radiology studies, mine
referrals, consults, billing records, insura	nce records, and records sent to you by othe	de: (Indicate by Initialing)
Other:	HICI	Alcohol/Drug Treatment
	manuful district	Mental Health Information
	Agriculture statement	HIV-Related Information
uthorization to Discuss Health Information	***************************************	MIV-Related 11120
(b) $\square$ By initialing here I autho	ize	1.1 milder
Initials	Name of individual h	calth care provide
to discuss my health information with my a	torney, or a governmental agency, fisted he	·
(Attorne	y/Firm Name or Governmental Agency Name)	' L'an will ownire'
Reason for release of information:	The state of the s	nich this authorization will expire:
At request of individual	1h form	dati of signature behalf of patient:
K. Other:     1   1   1   1   1   1   1   1   1	13 Ambarity to sign of	behalf of patient:
2 If not the patient, name of person signing fo		
Il items on this form have been completed and	and this form have been ansi	vered. In addition, I have been provided a
I items on this form have been completed and	ny questions about this form have been and	
opy of the form.	2111	1.0
	Date: 3/14	118
Signature of patient or representative authorize	d by law.	
alguarate of patient or representation	Do Was New York State Public Health Law !	protects information which reasonably could

\* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS



Degraff Memorial Hospital 445 Tremont Street North Tonawanda, New York 14120 (716) 694-4500

# Emergency Department Discharge Instructions

Name SMITH, SHAULENE N

DOB 11/15/1973

Date/Time 2/3/2018 15:12:00

MR# 1003295790

Acct# 75213332

Visit Date/Time: 2/03/2018 9:44 AM

Diagnosis: T12 compression fracture

PCP: ROSS, LYNNE S. MD

ED Provider: LYNCH, JOSHUA J. DO

Instructions prepared by: LYNCH, JOSHUA J. DO

Kaleida Health would like to thank you for allowing us to assist you with your healthcare needs. It is IMPORTANT to see your DOCTOR or PRIMARY CARE PROVIDER. Emergency Care may be incomplete without proper follow-up. If you become worse in any way, it is important that you call your doctor, or return to the Emergency Department. Please remember to take these instructions to your next doctor's appointment.

## Follow-up Instructions:

VITALS INFORMATION

VITALS INFORMAT Vital Sign	Triage	Latest
Pulse Rate, Peripheral	64 bpm	70 bpm
Respiratory Rate	18 BR/min	16 BR/min
Blood Pressure	140 mmHg /98 mmHg	142 mmHg /91 mmHg
Temperature Oral	36.9 degC	36.6 degC
Temperature Rectal	·	
Temperature Axillary		
Temperature Temporal		

Patient Name SMITH, SHAULENE N FIN # 75213332 1 of 8 MRN 1003295790 DAVID W. POLAK Attorney at Law P.C.

Attorney: David W. Polak, Esq.

1370 Union Road West Seneca, New York 14224 Phone (716) **675-ATTY** (2889) Fax (716) 675-2885 \* www.personalinjurywny.com

www.wnytrucklawyer.com

Legal Assistant: Cheryl A. Schenk

\* (not for service)

March 16, 2018

**UBNS** 

Attn: Medical Records 3980-A Sheridan Drive Amherst, New York 14226

Re:

Your Patient:

Date of Birth:

Shaulene Smith November 15, 1973 February 2, 2018

Date of Injury:

Dear Sir or Madam:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Ment Schenk

**Enclosure** 

Thank you for your attention to this matter. Should you have any questions please contact the undersigned at your earliest convenience.

Very truly yours,

David W. Polak

DWP/cs

CC: Shaulene Smith

## **Pain Rating**

Verbal Pain Rating at Present

6 - Moderate Pain

(4 - 6)

Verbal Pain Rating at Best

5 - Moderate Pain

(4 - 6)

Verbal Pain Rating at Worst

10 - Worst Imaginable Pain

# **Lower Quarter Medical Screen**

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

## General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor

#### Objective

	Result	Note
Low Back Pain Scale		11010
Section 1- Pain Intensity	5. The pain is severe and does not vary much.	
Section 4-Walking	<ol> <li>4.I cannot walk more than 1/4 mile without increasing pain.</li> </ol>	
Section 5-Sitting	3.Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
OPTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

## Gait

Abnormality: Slow Speed. Poor Balance.

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

Page 2 of 6

	a	m	

26: Wrist Flexor Strength	3- /5	3- /5	5 /5	11/8/18
27: Triceps Strength	3- /5	3- /5	5 <b>/5</b>	11/8/18
Bilateral Low	er Extremity			
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

Faill Cll PT, DPT

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chuba, PT, DPT

09/05/18 7:53 am

Kristy Frye PT DPT 09/05/18 9:47 am

Kristy of Faye M. OPT

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

Page 6 of 6

#### **Advanced Care Wheatfield**

3780 Commerce Court STE 300 Wheatfield, NY 14120-2025 Fersonal care that gets you results.

Phone: (716) 282-2888

Fax: (716) 285-1281

Progress Evaluation for Shaulene Smith11/15/1973

Case: Neck & BAck/Wellcare

Therapist: Craig Reinstein MSPT CMTPT FAFS

CLT CCT

Nicholas Chuba, PT, DPT Referred by: Jonathan Riley, MD 08/21/18
Diagnosis: Cervical disc disorder with myelopathy, unspecified cervical region Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing

#### Subjective

My back was sore for a few days after the therapy session, but, it is better know. I"ve had no headaches since my evaluation on Thursday and the exercises are getting easier and not causing as much discomfort. I'm still trying to get in with a neurologist that takes my insurance.

#### **Precautions**

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN. Medical History Questionaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

#### **Patient Rights**

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

#### Medications

Medications: See attached list.

#### **Imaging**

Imaging: Results: T11-T12 compression fx maintaining.

#### Past Medical History:

Past Medical History: No significant history.

## Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

#### Onset

Date of Onset: February 2018. Description: Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. Provacative Factors: sitting, standing, lifting. Alleviating Factors: Laying down is most comfortable position. Work Status: Unemployed. Past Treatments: None.

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

Page 1 of 6

From:

**Pain Rating** 

**Verbal Pain Rating at Present** 

6 - Moderate Pain

(4 - 6)

Verbal Pain Rating at Best

5 - Moderate Pain

(4 - 6)

**Verbal Pain Rating at Worst** 

10 - Worst Imaginable Pain

**Lower Quarter Medical Screen** 

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor on:.

#### Objective

Onjective		
Low Back Pain Scale	Result	Note
Low Dack I am Scale		
Section 1- Pain intensity	5. The pain is severe and does not vary much.	
Section 4-Walking	4.1 cannot walk more than 1/4 mile without increasing pain.	
Section 5-Sitting	3.Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
OPTIMAL (Functional Tool)	33.33	
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

#### Gait

Abnormality: Slow Speed. Poor Balance.

Result

Note

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

Page 2 of 6

Carvinal Active ROM

Cervical Active RUM			
Cervical Extension AROM	27 deg	rees	
Cervical R. Rotation AROM	55 deg	rees	painful
Lumbar Active ROM			
Lumbar Flexion	10% °		
Lumbar Extension	0 °		
Upper Quarter Manual Assessment			
Physiological Side Glide (C2-7)	Limited	due to pain	
Flexibility			
L. Upper Trap	Abnorm	al	
Sub-occipital	Abnom	al	
Neural Tension Tests			
L. Median Tension Test	Positive		
L. Radial Nerve Tension Test	Positive		
Palpation Tenderness Scale			
Tenderness	4 = Una	ble to Palpate	
Elbow Muscle Testing			
Triceps Strength	3- /5		
Wrist Muscie Testing			
Wrist Flexor Strength	3- /5		
Bilateral Lower Extremity	Left	Right	
LE Myotome Testing (MMT)			
L2-3 (Hip Flexors)	3 /5	4 /5	
L3-4 (Knee extensors)	3 /5	4+ /5	
L4-5 (Ankie dorsiflexors)	3 /5	4+ /5	
Assessment			

No reports of nausea during therapy session. Patient required additional rest breaks to tolerate new activities and exercises, however, tolerated further sitting and standing exercises during today's session. Talked with patient about diligently seeking to talk to neurologist.

#### Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. Rehabilitation Potential: Good with skilled physical therapy and implementation of comprehensive HEP. Lower Quarter Problems: Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. Low Back Diagnosis: Lumbar strain/sprain. Thoracic Diagnosis: Compression fracture T11-T12.

#### Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

#### Plan

#### Plan

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

Page 3 of 6

and manual therapy techniques. Utilize modalities pm.

#### Plan of Care

Frequency: 2-3 visits per week. Duration: 8-12 weeks. Manual Therapy Techniques: To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. Stabilization Exercise: Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. Therapeutic Exercise: To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve, muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. Therapeutic Activities: To use functional, dynamic tasks from everyday living to improve range of motion and strength. Self Care/ Home Management: For ADL training, safety and/or instruction in use of adaptive equiptment. Neuromuscular Re-education: To re-educate movement, balance, coordination, kinesthetic sense, posture and/or propioception for sitting and/ or standing activities.

#### **Treatment Pian Discussion**

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals					•	
Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1 Pain intensity	<ul> <li>5.The pain is severe and does not vary much.</li> </ul>	severe and	0.The pain comes and goes and is very mild.	11/8/18		
4: Section 4 Walking	<ul> <li>4.I cannot walk more than 1/4 mile without increasing pain.</li> </ul>	4.I cannot walk more than 1/4 mile without increasing pain.	0.1 have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.1 can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
7: Total Score	38 /50	38 /50	0 /50	11/8/18		
8: Sitting	Able to do with much	Able to do with much	Able to do without any	11/8/18		

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

Page 4 of 6

9: Squatting	difficulty (4)  Able to do with moderate difficulty (3)	difficulty (4) Able to do with moderate difficulty (3)	difficulty (1) Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking short distances	- Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance.	Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18
19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub- occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologica I Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0°	30 °	11/8/18
23: Lumbar Flexion	10% °	10% °	90°	11/8/18
24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation	55 degrees	55 degrees	90 degrees	11/8/18
AROM				

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

Page 5 of 6 Visit Date: 08/21/18

Flexor Strength				
27: Triceps Strength	3-/5	3- /5	5 /5	11/8/18
Bilateral Low	er Extremity			
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 <i>l</i> 5	11/8/18

Thank you for the opportunity of working with Shaulene.

faillell PT, DPT

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chuba, PT, DPT

08/21/18 2:01 pm

Craig Reinstein MSPT CMTPT FAFS CLT CCT

08/22/18 12:43 pm

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

Page 6 of 6

#### Advanced Care Wheatfield

3780 Commerce Court **STE 300** Wheatfield, NY 14120-2025

Phone: (716) 282-

2888

Fax: (716) 285-1281

Progress Evaluation for Shaulene Smith11/15/1973 Case: Neck & BAck/Wellcare

Therapist: Craig Reinstein MSPT CMTPT FAFS

CLT CCT

Kimberly Attwood DPT Referred by: Jonathan Riley, MD

08/23/18 ~ Diagnosis: Cervical disc disorder with myelopathy, unspecified cervical region Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing

#### Subjective

In terrible pain today, and my hands feel extremely weak for some reason.

#### **Precautions**

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

#### **Medical History Questionaire**

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

#### **Patient Rights**

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

#### Medications

Medications: See attached list.

#### **Imaging**

Imaging: Results: T11-T12 compression fx maintaining.

#### Past Medical History:

Past Medical History: No significant history.

#### **Past Surgical History:**

Past Surgical History: Hysterectomy, wrist sx.

#### Onset

Date of Onset: February 2018. Description: Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. Provacative Factors: sitting, standing, lifting. Alleviating Factors: Laving down is most comfortable position. Work Status: Unemployed. Past Treatments: None.

#### **Pain Rating**

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

Page 1 of 5

Verbal Pain Rating at Present

6 - Moderate Pain

(4 - 6)

Verbai Pain Rating at Best

5 - Moderate Pain

(4 - 6)

## Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

# General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor

## Objective

470 - 14	
f = 247	,
Value	

Abnormality: Slow Speed. Poor Balance.			
	Resul	t	Note
Cervical Active ROM			
Cervical Extension AROM	27 deg	grees	
Cervical R. Rotation AROM	55 deg	grees	painful
Lumbar Active ROM	•		pairie
Lumbar Flexion	10 °		
Lumbar Extension	0 °		
Upper Quarter Manual Assessment			
Physiological Side Glide (C2-7)	Limited	due to pain	
Flexibility		·	
L. Upper Trap	Abnom	nal	
Sub-occipital	Abnom	nal	
Neural Tension Tests			
L. Median Tension Test	Positive	)	
L. Radial Nerve Tension Test	Positive	<b>:</b>	
Palpation Tenderness Scale			
Tenderness	4 = Una	ble to Palpate	
Elbow Muscle Testing		,	
Triceps Strength	3- /5		
Wrist Muscle Testing			
Wrist Flexor Strength	3- /5		
Bilateral Lower Extremity	Left	Right	
LE Myotome Testing (MMT)			
L2-3 (Hip Flexors)	3 /5	4 /5	
L3-4 (Knee extensors)	3 /5	4+ /5	
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5	

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Page 2 of 5

#### Assessment

The patient was extremely intolerant of postural exercises today, and transfers caused her to be tearful. It was discussed with er about the possibility of aquatic therapy for future appointments due to her intolerance of land therapy.

#### **Assessment**

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. Rehabilitation Potential: Good with skilled physical therapy and implementation of comprehensive HEP. Lower Quarter Problems: Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. Low Back Diagnosis: Lumbar strain/sprain. Thoracic Diagnosis: Compression fracture T11-T12.

#### Specific goal:

Primary goal of continued therapy: To achieve functional goal of; the above mentioned activities.



#### Plan

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities pm.

#### Plan of Care

Frequency: 2-3 visits per week. Duration: 8-12 weeks. Manual Therapy Techniques: To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. Stabilization Exercise: Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. Therapeutic Exercise: To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve. muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. Therapeutic Activities: To use functional, dynamic tasks from everyday living to improve range of motion and strength. Self Care/ Home Management: For ADL training, safety and/or instruction in use of adaptive equiptment. Neuromuscular Re-education: To re-educate movement, balance, coordination, kinesthetic sense, posture and/or propioception for sitting and/ or standing activities.

#### Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals					•	
Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain		0 - No Pain	11/8/18		
3: Section 1- Pain intensity	5.The pain is severe and does not vary much.		0.The pain comes and goes and is very mild.	11/8/18		

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4: Section Walking	4- 4.I cannot walk more than 1/4 mi without increasing pain.	ile	0.i have no pain on walking.	11/8/18
5: Section : Sitting	5- 3.Pain prevents m from sitting more than 1/2 hour.	e	0.1 can sit ir any chair as long as I like	3
6: Section ( Standing	4.I cannot stand for longer than 10 minutes without increasing pain.		0.I can stan as long as I want withou pain.	
7: Total Score	38 /50		0 /50	11/8/18
8: Sitting	Able to do with much difficulty (4)		Able to do without any difficulty (1)	11/8/18
9: Squatting	Able to do with moderate difficulty (3)		Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)		Able to do without any difficulty (1)	11/8/18
11: Walking- short distances	Able to do with much difficulty (4)		Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)		Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)		Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110		22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance.	Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18

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19: L. Upper Trap	r Abnormal	Abnormal	Normal	11/8/18
20: Sub- occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologic I Side Glide (C2-7)	Limited due a to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10 °	90°	11/8/18
24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation AROM	55 degrees	55 degrees	90 degrees	11/8/18
26: Wrist Flexor Strength	3- /5	3-/5	5 /5	11/8/18
27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18
Bilateral Low	er Extremity			
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Kimberly Attwood DPT

08/23/18 3:54 pm

Craig Reinstein MSPT CMTPT FAFS CLT CCT

08/24/18 11:38 am

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# **Advanced Care Wheatfield**

3780 Commerce Court STE 300 Wheatfield, NY 14120-2025

Phone: (716) 282-2888 Fax: (716) 285-1281

Progress Evaluation for Shaulene Smith11/15/1973 Case: Neck & BAck/Wellcare

Therapist: Craig Reinstein MSPT CMTPT FAFS CLT CCT Nicholas Chuba, PT, DPT Referred by: Jonathan Riley, MD

08/28/18

Diagnosis: Cervical disc disorder with myelopathy, unspecified cervical region Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing

#### Subjective

Still in a decent amount of pain, I'm trying to do more in sitting and standing which is making me tired. Still trying to get in with a neurologist because of my weakness and numbness into my left side. I've been noticing some spasms in my hands that is new as well.

#### **Precautions**

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN. Medical History Questionaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

#### Patient Rights

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

#### Medications

Medications: See attached list.

#### **Imaging**

Imaging: Results: T11-T12 compression fx maintaining.

#### **Past Medical History:**

Past Medical History: No significant history.

#### Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

#### Onset

Date of Onset: February 2018. Description: Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. Provacative Factors: sitting, standing, lifting. Alleviating Factors: Laying down is most comfortable position. Work Status: Unemployed. Past Treatments: None.

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Page 1 of 6

Pain Rating

Verbal Pain Rating at Present

6 - Moderate Pain

(4 - 6)

Verbal Pain Rating at Best

5 - Moderate Pain

(4 - 6)

Verbal Pain Rating at Worst

10 - Worst Imaginable Pain

**Lower Quarter Medical Screen** 

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor

#### Objective

	Result	Note
Low Back Pain Scale		
Section 1- Pain intensity	5. The pain is severe and does not vary much.	
Section 4-Walking	<ol> <li>4.I cannot walk more than</li> <li>1/4 mile without increasing pain.</li> </ol>	
Section 5-Sitting	3.Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	<ol> <li>4.I cannot stand for longer than 10 minutes without increasing pain.</li> </ol>	
Total Score	38 /50	
OPTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	
Gait		
Abnormality: Slow Speed. Poor Balance.		

G

Result

Note

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

Page 2 of 6

Cervical Active ROM			
Cervical Extension AROM	27 deg	rees	
Cervical R. Rotation AROM	55 degi	rees	painful
Lumbar Active ROM			p-0
Lumbar Flexion	10 °		
Lumbar Extension	0 °		
Upper Quarter Manual Assessment			
Physiological Side Glide (C2-7)	Limited	due to pain	
Flexibility		•	
L. Upper Trap	Abnorm	al	
Sub-occipital	Abnorma	al	
Neural Tension Tests			
L. Median Tension Test	Positive		
L. Radial Nerve Tension Test	Positive		
Palpation Tenderness Scale			
Tenderness	4 = Unat	le to Palpate	
Elbow Muscle Testing			
Triceps Strength	3- /5		
Wrist Muscle Testing			
Wrist Flexor Strength	3- /5		
Bilateral Lower Extremity	Left	Right	
LE Myotome Testing (MMT)		_	
L2-3 (Hip Flexors)	3 /5	4 /5	
L3-4 (Knee extensors)	3 /5	4+ /5	
L4-5 (Ankle dorsifiexors)	3 /5	4+ /5	
Assessment			

Patient able to perform more standing and seated postural strengthening exercises today with improved tolerance. Spoke to patient about benefits of aquatic therapy and patient would like to try therapy here first before going that route.

#### **Assessment**

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. Rehabilitation Potential: Good with skilled physical therapy and implementation of comprehensive HEP. Lower Quarter Problems: Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. Low Back Diagnosis: Lumbar strain/sprain. Thoracic Diagnosis: Compression fracture T11-T12.

#### Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

#### Plan

#### Plan

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise

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and manual therapy techniques. Utilize modalities pm.

### Plan of Care

Frequency: 2-3 visits per week. Duration: 8-12 weeks. Manual Therapy Techniques: To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. Stabilization Exercise: Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. Therapeutic Exercise: To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve, muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. Therapeutic Activities: To use functional, dynamic tasks from everyday living to improve range of motion and strength. Self Care/ Home Management: For ADL training, safety and/or instruction in use of adaptive equiptment. Neuromuscular Re-education: To re-educate movement, balance, coordination, kinesthetic sense, posture and/or propioception for sitting and/ or standing activities.

### Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals				and brog	mosis with pati	icill.
Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	e 6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		On
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1 Pain intensity	<ul> <li>5.The pain is severe and does not van much,</li> </ul>	severe and	comes and	11/8/18		
4: Section 4 Walking	<ul> <li>4.I cannot walk more than 1/4 mile without increasing pain.</li> </ul>	4.I cannot walk more than 1/4 mile without increasing pain,	0.I have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.1 can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
7: Total Score	38 /50	38 /50	0 /50	11/8/18		
	***		Able to do without any	11/8/18		

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Visit Date: 08/28/18

	difficulty (4)	difficulty (4)	difficulty (1)	
9: Squatting	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking- short distances	- Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance.	Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radiai Nerve Tension Test		Positive	Negative	11/8/18
19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub- occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologica I Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0°	0°	30 °	11/8/18
23: Lumbar Flexion	10% °	10°	90 °	11/8/18
24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation AROM	55 degrees	55 degrees	90 degrees	11/8/18
26: Wrist	3- /5	3-75	5 /5	11/8/18

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Page 5 of 6 Visit Date: 08/28/18

Case 1:21-cv-00530-LJV Document 1-1 Filed 04/120/120 Pages:1033 of 36917 P.029/047

Flexor Strength				
27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18
Bilateral Low	er Extremity			
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3/5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 <i> </i> 5	11/8/18

Thank you for the opportunity of working with Shaulene.

Mill Cll PT, DPT

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chuba, PT, DPT

08/28/18 3:01 pm

Craig Reinstein MSPT CMTPT FAFS CLT CCT

08/29/18 9:09 am

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Visit Date: 08/28/18

26: Wrist Flexor Strength	3-/5	3- /5	5 /5	11/8/18
27: Triceps Strength	3-/5	3- /5	5 /5	11/8/18
Bilateral Low	er Extremity			
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

Fiell Cll PT, DPT

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chuba, PT, DPT

09/05/18 7:53 am

Kristy Frye PT DPT 09/05/18 9:47 am

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Visit Date: 09/04/18

# **Advanced Care Wheatfield**

3780 Commerce Court STE 300 Wheatfield, NY 14120-2025

Personal care that gets you results.

Phone: (716) 282-

2888

Fax: (716) 285-1281

Progress Evaluation for Shaulene Smith11/15/1973

Case: Neck & BAck/Wellcare Therapist: Craig Reinstein MSPT CMTPT FAFS

CLT CCT

Nicholas Chuba, PT, DPT Referred by: Jonathan Riley, MD 08/30/18 V

Diagnosis: Cervical disc disorder with myelopathy, unspecified cervical region Wedge compression fracture of T11-T12 vertebra, subsequent encounter for fracture with routine healing

### Subjective

I feel really good today actually, trying to do more in sitting and standing at home. I've been taking the brace off more at home since they told me to start discontinuing it and starting slow during times when I'm not so active. I'll be calling a neurologist today, they're supposed to be getting me in soon.

### **Precautions**

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

### **Medical History Questionaire**

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

### **Patient Rights**

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

### Medications

Medications: See attached list.

### imaging

Imaging: Results: T11-T12 compression fx maintaining.

# Past Medical History:

Past Medical History: No significant history.

### **Past Surgical History:**

Past Surgical History: Hysterectomy, wrist sx.

### Onset

Date of Onset: February 2018. Description: Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. Provacative Factors: sitting, standing, lifting. Alleviating Factors: Laying down is most comfortable position. Work Status: Unemployed. Past Treatments: None.

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### **Pain Rating**

Verbal Pain Rating at Present

6 - Moderate Pain

(4 - 6)

Verbal Pain Rating at Best

5 - Moderate Pain

(4 - 6)

Verbal Pain Rating at Worst

10 - Worst Imaginable Pain

# **Lower Quarter Medical Screen**

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

# General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor on:.

### Objective

	Result	Note
Low Back Pain Scale		
Section 1- Pain intensity	<ol><li>The pain is severe and does not vary much.</li></ol>	
Section 4-Walking	<ol> <li>4.I cannot walk more than</li> <li>1/4 mile without increasing pain.</li> </ol>	
Section 5-Sitting	3.Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
OPTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

### Gait

Abnormality: Slow Speed. Poor Balance.

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	Result		Note
Cervical Active ROM			MOIG
Cervical Extension AROM	27 degr	ees	
Cervical R. Rotation AROM	55 degr		painful
Lumbar Active ROM			pannui
Lumbar Flexion	10 °		
Lumbar Extension	0 °		
Upper Quarter Manual Assessment	_		
Physiological Side Glide (C2-7)	Limited (	due to pain	
Flexibility		ado to pain	
L. Upper Trap	Abnorma	nl	
Sub-occipital	Abnorma	'' I	
Neural Tension Tests			
L. Median Tension Test	Positive		
L. Radial Nerve Tension Test	Positive		
Palpation Tenderness Scale			
Tenderness	4 = Unab	le to Palpate	
Elbow Muscle Testing		is to talpato	
Triceps Strength	3- /5		
Wrist Muscle Testing			
Wrist Flexor Strength	3- /5		
Bilateral Lower Extremity	Left	Right	
LE Myotome Testing (MMT)		, ugin	
L2-3 (Hip Flexors)	3 /5	4 /5	
L3-4 (Knee extensors)	3 /5	4+ /5	
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5	
Assessment			

Patient was able to perform about half the session standing and half the session in sitting which shows improved tolerance/endurance to more weightbearing positions with less pain. Only muscular soreness reported following the treatment session with minor pain compared to previously.

### **Assessment**

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. Rehabilitation Potential: Good with skilled physical therapy and implementation of comprehensive HEP. Lower Quarter Problems: Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. Low Back Diagnosis: Lumbar strain/sprain. Thoracic Diagnosis: Compression fracture T11-T12.

# Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

Plan

Plan

Shaulene SmithPrinted on: 11/20/2018 12:49 PM

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**Treatment Emphasis:** Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities pm.

### Plan of Care

Frequency: 2-3 visits per week. Duration: 8-12 weeks. Manual Therapy Techniques: To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. Stabilization Exercise: Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. Therapeutic Exercise: To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve. muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. Therapeutic Activities: To use functional, dynamic tasks from everyday living to improve range of motion and strength. Self Care/ Home Management: For ADL training, safety and/or instruction in use of adaptive equiptment. Neuromuscular Re-education: To re-educate movement, balance, coordination, kinesthetic sense, posture and/or propioception for sitting and/ or standing activities.

### **Treatment Plan Discussion**

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals						
Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1- Pain intensity	5.The pain is severe and does not vary much.	5.The pain is severe and does not vary much.	0.The pain comes and goes and is very mild.	11/8/18		
4: Section 4- Walking	4.I cannot walk more than 1/4 mile without increasing pain.	4.I cannot walk more than 1/4 mile without increasing pain.	0.I have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.1 can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
7: Total Score	38 /50	38 /50	0 /50	11/8/18		

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Page 4 of 6

8: Sitting	Able to do with much difficulty (	) with muc	h without an	٧
9: Squatting	Able to do with moderate difficulty (3	Able to do with moderate	Able to do without an difficulty (1	11/8/18 v
10: Balancing	Able to do with moderate difficulty (3	with moderate	without any difficulty (1	
11: Walking- short distances	Able to do with much difficulty (4	Able to do with much	Able to do	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to d	lo Unable to (5)	do Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed Poor Balance.	l. Slow Speed Poor Balance.	d. Normal gait	11/8/18
16: Tenderness	4 = Unable t Palpate	o 4 = Unable Palpate	to 0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial   Nerve Tension Test	Positive Positive	Positive	Negative	11/8/18
19: L. Upper A	Abnormal	Abnormal	Normal	11/8/18
20: Sub- A	bnormal	Abnormal	Normal	11/8/18
21: Ł Physiologica to I Side Glide (C2-7)	imited due pain	Limited due to pain	WFL	11/8/18
22: Lumbar 0 Extension	•	0 °	30 °	11/8/18
23: Lumbar 10 Flexion	)% °	10 °	90 °	11/8/18
24: Cervical 27 Extension AROM	degrees	27 degrees	60 degrees	11/8/18
25: Cervical 55 R. Rotation	degrees	55 degrees	90 degrees	11/8/18

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# Advanced Care Physical Therapy Appointments for Smith, Shaulene

Time

Status

Type

	8/16/18 5:00 pm	8/21/18 12:00 pm	8/23/18 1:00 pm	8/28/18 1:30 pm	8/30/18 1:00 pm	9/4/18 1:00 pm	9/6/18 1:00 pm	ě
ν.	Arrived	Arrived	Arrived	Arrived	Arrived	Arrived	Arrived	Ciaius
S,	)/\in	5	N	N	51	51	5	ı
	Initial Eval	Daily Visit	Daily Visit	Daily Visit	Daily Visit	Daily Visit	Daily Visit	Туре
	Neck & BAck/Wellcare	Neck & BAck/Wellcare	Neck & BAck/Wellcare	Neck & BAck/Wellcare	Neck & BAck/Welicare	Neck & BAck/Wellcare	Neck & BAck/Wellcare	Case
	Neck & BAck/Wellcare Nicholas Chuba PT	Neck & BAck/Wellcare Nicholas Chuba PT	Advance Neck & BAck/Wellcare Kimberly Attwood PT d Care Wheatfe	Neck & Back/Wellcare Nichofas Chuba PT	Neck & BAck/Wellcare Nicholas Chuba PT	Neck & BAck/Wellcare Nicholas Chuba PT	Neck & BAck/Wellcare Nicholas Chuba PT	Staff
	Advance d Care Wheatfie	Advance d Care Wheatfie	Advance d Care Wheatie	Advance d Care Wheatie	Advance d Care Wheathe	Advance d Care Wheatfie	Advance d Care Wheathe	Clinic
	(	•	•	Q	•	<b>(</b>		Signedt
							_	_

Lying Flat

Rolling over

Sitting

Squatting

Bending/stooping

Balancing

Kneeling

Standing

Walking-short distances

Walking-long distances

Climbing stairs

Hopping

Jumping

Running Pushing

**Pulling** 

Reaching

Grasping

Lifting Carrying Total Score

Myotomes (C4-T1) All are 5/5 except:

C4 (Shoulder shrug)

C5 (Deltoid)

C6 (Biceps, ECRL, ECRB)

C7 (Tricep, FCR)

C8 (APB)

Able to do with little

difficulty (2)

Able to do with little

difficulty (2)

Able to do with much

difficulty (4)

Able to do with moderate

difficulty (3)

Able to do with much

difficulty (4)

Able to do with moderate

difficulty (3)

Able to do with moderate

difficulty (3)

Able to do with much

difficulty (4)

Able to do with much

difficulty (4)

Unable to do (5)

Able to do with little

difficulty (2)

Able to do with little

difficulty (2)

Able to do with little

difficulty (2)

Unable to do (5)

Able to do with little

difficulty (2)

Able to do with moderate

difficulty (3)

Able to do with much

difficulty (4)

Able to do with little

difficulty (2)
Unable to do (5)

Unable to do (5)

66 /110

Significant weakness compared to relative side

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From:

T1 (1st Dorsal interossei)

Significant weakness compared to relative side

**Cervical Screen (Myotomes)** 

C1-3 (Cervical Rotation)

Significant difference

Sensory Screen: Nerve Root

C5- Mid-deltoid
C6- Radial aspect 2nd metacarpal

Abnormal Abnormal 50% Left 25% Left

C7- Dorsal aspect middle finger

C8- Ulnar aspect 5th metacarpal

Normal Abnormal

T1- Medial forearm

Abnormal

95% Left 50% Left

DTR

Biceps brachii C5
Brachioradialis C6
Tricep C7

Normal Normal

**C-T Special Tests** 

**Cervical Distraction** 

Positive; Symptoms are

reduced

**ULTT A** 

Positive, symptoms reproduced/ relative difference >10 degrees

elbow ext.

**LE Dermatome Testing** 

L1-2 (Groin)

Equal bilaterally

hypersensiti

Diminished R

ve left

L4 (Medial lower leg)

Diminished L Equal bilaterally 50% left

L5 (Lat. lower leg, dosum of foot)

S1 (Post. Lat. thigh/lower leg, lat. foot)

Diminished L

90% left

S2 (plantar surface of foot)

L2-3 (Anteromedial Thigh)

Equal bilaterally

LE Reflexes

L. Achilles Tendon Reflex (S1)
L. Patellar Tendon Reflex (L4)
R. Patellar Tendon Reflex (L4) (Copy)

R. Achilles Tendon Reflex (S1) (Copy)

Normal (2+) Diminished (1+)

Normal (2+) Normal (2+)

Posture and Alignment

Trunk and Pelvis: Excessive lumbar lordosis.

Gait

Abnormality: Slow Speed. Poor Balance. Ambulation Aids: None.

Result

Note

**Cervical Active ROM** 

Cervical Extension AROM
Cervical Flexion AROM

27 degrees

38 degrees

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Cervical L. Lateral Flexion AROM 55% degrees
Cervical L. Rotation AROM 75 degrees

Cervical R. Lateral Flexion AROM 45% degrees painful Cervical R. Rotation AROM 55 degrees painful

**Upper Cervical Motion** 

Upper Cervical Flexion (Nod)

Limited

Upper Cervical Rotation

Limited

**Thoracic AROM Percentage** 

Thoracic Flexion 30%
Thoracic Extension 5%

**Lumbar Active ROM** 

Lumbar Flexion10% °Lumbar Extension0 °Lumbar Sidebending Right35% °Lumbar Sidebending Left25% °Lumbar Rotation Right25% °Lumbar Rotation Left75% °

**Upper Quarter Manual Assessment** 

Physiological Side Glide (C2-7)

Limited due to pain

Central Posterior to Anterior (CPA) Glide

Limited due to pain

Unilateral Posterior-Anterior (UPA) Glide

Limited due to pain

Flexibility

L. Scalenes Normal L Sternocleidomastoid Normal L. Upper Trap **Abnormal Pectoralis Minor Abnormal Pectoralis Major** Abnormal R. Scalenes Normal R. Sternocleidomastoid Normal R. Upper Trap Abnormal Sub-occipital Abnorma! Lev. Scap **Abnormal** 

Leg Length Discrepancy

Apparent Leg Length Discrepancy: No apparent difference.

Result Note

**Lumbar Segmental Mobility** 

Lumbar Segmental Mobility Hypomobile

**Neural Tension Tests** 

L. Median Tension Test Positive
R. Median Tension Test Negative

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L. Radial Nerve Tension Test	Positive	
R.Radial Nerve Tension Test	Negative	
L. Ulnar Nerve Tension Test	Negative	
R. Ulnar Nerve Tension Test	Positive	
Palpation Tenderness Scale		
Tenderness	4 = Unable	to Palpate
Cervical Strength Testing		
Neck Extension	3 /5	
Neck Flexion	3 /5	
Neck L. Rotation	4- /5	
Neck L. Side Bending	4- /5	
Neck R. Rotation	3 /5	
Neck R. Side Bending	3 /5	
Elbow Muscle Testing		
Biceps Strength	3 /5	
Triceps Strength	3- /5	
Wrist Muscle Testing		
Wrist Extensor Strength	3 /5	
Wrist Flexor Strength	3- /5	
Functional Strength Testing		
Squat	Pt. exhibits I gluteal/core during functi	activation
Bilateral Lower Extremity	Left	Right
LE Myotome Testing (MMT)		
L2-3 (Hip Flexors)	3 /5	4 /5
L3-4 (Knee extensors)	3 /5	4+ /5
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5
L5 (Great toe extensors)	3 /5	5 /5
S1 (Plantar Flexors)	3 /5	5 /5
Assessment		

Unable to fully assess Cervical spine due to inability to palpate from level of pain. Asses further based on patient tolerance. Patient reported alleviation of headache following light manual traction. Repeated cases of nausea during entire evaluation, would like to assess Upper cervical instability to rule out any concerns there.

### **Assessment**

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. Rehabilitation Potential: Good with skilled physical therapy and implementation of comprehensive HEP. Lower Quarter Problems: Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. Low Back Diagnosis: Lumbar strain/sprain. Thoracic Diagnosis: Compression fracture T11-T12.

## Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned

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activities.

Plan

### Plan

Goals

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities pm.

### Plan of Care

Frequency: 2-3 visits per week. Duration: 8-12 weeks. Manual Therapy Techniques: To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. Stabilization Exercise: Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. Therapeutic Exercise: To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve, muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. Therapeutic Activities: To use functional, dynamic tasks from everyday living to improve range of motion and strength. Self Care/ Home Management: For ADL training, safety and/or instruction in use of adaptive equiptment.

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Page 7 of 9

	without increasing pain.	without increasing pain.		
7: Total Score	38 /50	38 /50	0 /50	11/8/18
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9: Squattin	g Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking short distances	- Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
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18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18
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20: Sub- occipital	Abnomal	Abnormal	Normal	11/8/18
21: Physiologica I Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10% "	90°	11/8/18

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24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation AROM	55 degrees	55 degrees	90 degrees	11/8/18
26: Wrist Flexor Strength	3- /5	3- /5	5 /5	11/8/18
27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18
Bilateral Low	er Extremity			
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankie dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

Fiell Cll PT, DPT

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chuba, PT, DPT

08/17/18 10:05 am

Craig Reinstein MSPT CMTPT FAFS CLT CCT

08/17/18 3:30 pm

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### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 198 of 387

**Medical Record Request** 

Med Rec Nbr: Financial Nbr: 1003295790

75213332

Client Med Rec Nbr: 4437

DOB: Sex:

11/15/1973

**Female** 

Adm: 02/03/2018

Dsch: 02/03/2018

Ul Nbr:

Physician:

1003295790

Patient Name:

SMITH, SHAULENE N

Organization:

KH DEGRAFF

Patient Location: **D-Emergency Rm** 

LYNCH, JOSHUA J.DO

Demographic Documents

| LAB KEY: ^=Abnormal, C=Critical, i=Interp Data, m=Corrected, L=Low, H=High, R=Result Comments, O=Order Comments, T=Textual Result | Printed: 03/02/2018 14:49 @=Performed at, S=Susceptible, I = Intermediate, R=Resistant, N/A = Not Applicable Page 1 of 77

169103478

Patient Name: SMITH, SHAULENE N

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Wante Proc!

Applicated, NY 14821

Phones (21 & 588-370)

Fac: \$71 or 528-2058

Kishelis Mediti Consumber Laboratory Stockets :15 FintRoot

Williamssille, 37 14721 Places (718) 828-3200 Fax: 916/433-2361

Koloido Hoolds John K. Cishol Children's Hospital Laboratory 8:8 Elisant Street 868645 NY 14253 Francis (216) 305-2060

Fox (216) 223 1370

Nisoda Heath Credited Exbendery 445 Yemont Spect P O Box 0750 N Toroxonda, NY 14120 Phone: (216) 696-2130

Clinical Laboratories oleding net la General Hospital 199 High Street 8x866, NY 14203

Mudical Comer Data, of Pathology 601 10th Street PO Box 788 Magara Falls, NY 14303 Prosec (236) 225-4327 Fox (716) 278 4878

Master Report Template

Mayora Fells Micronial

Photos:(756) 859-1887 Fox (718):393-3221

Rec (714) 650 2834

MRN: 1003295790 FIN: 75213332

# \* Auth (Verified) \*

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EMERGENCY CONTACT 2	Street Visit			REL			HOME P			RKPH	ONE	CELL PH	ONE	F	- PAGER I	NUMBER
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# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 200 of 387

**Medical Record Request** 

Med Rec Nbr: 1003295790 Financial Nbr: 75213332 Client Med Rec Nbr: 4437

DOB: 11/15/1973 Sex: Female

Adm: 02/03/2018 Dsch: 02/03/2018 UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF Patient Location: D-Emergency Rm Physician:

LYNCH, JOSHUA J.DO

**Consents Documents** 

Printed: 03/02/2018 14:49

Patient Name: SMITH, SHAULENE N

Page 3 of 77

169103478

Patient Name: SMITH, Sasce 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 201 of 387

Date of Birth: 11/15/1973

\* Auth (Verified) \*

MRN: 1003295790 FIN: 75213332

Kaleida Health

CONSENT FOR TREATMENT AND

SMITH SHAULENE N
MR- 1003295790 PT- 75213332
DDB- 11/15/73 AGE- 044Y SEX- F
ATT- LYNCH JOSHUA J
PCP- ROSS LYNNE S
FC- EMR E ADM DT- 02/03/18
Patient ID Area DEGRAFF MEMORIAL

PAYMENT AGREEMENT 1 of 2
HI Claim Number:

AUTHORIZATION FOR CARE & TREATMENT I hereby agree that Kalelda Health may perform care and treatment, and may conduct such examinations, laboratory tests and procedures, administer such local anesthetics, medication and treatment, as may be directed by my physician or treating practitioner. I acknowledge that no guarantees have been made to me as to the effect of such examinations, tests, procedures or treatment of my condition.

CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION I consent to the use and disclosure of my Protected Health Information by Kaleida Health for purposes of treatment, payment, and health care operations. For example, my attending physician or treating practitioner at Kaleida Health may furnish Protected Health Information maintained by Kaleida Health in the course of my care and treatment. Also, as Kaleida Health is a teaching hospital, I consent to the use and disclosure of my Protected Health Information (i) for training and educational purposes to faculty physicians, residents, and medical, dental, pharmacy, nursing or other students in health-related professions from local colleges and universities affiliated with Kaleida Health, and (ii) for review in preparation for possible research. Release of medical records and information will be made according to state and federal regulations. I understand that Kaleida Health may release medical information to any third party, including my employer, which may be responsible for payment of my hospital or medical expenses. (Release of medical information to employers is limited to those employers who are directly liable for the costs of the patient's health care benefits through and employer, self-insured group health plan or worker's compensation, or in other circumstances in which such disclosure is legally allowed). I understand that it may be necessary for a hospital treating practitioner to contact another treating provider or pharmacy to obtain complete medical history and/ or medicine dosage.

CONSENT TO RELEASE INFORMATION TO THE UNIVERSITY OF BUFFALO INSTITUTE FOR HEALTHCARE INFORMATICS (IHI) I understand that my PHI will be released to a research database supervised by the University of Buffalo Institutional Review Board for use in future research. 

Restriction: I do not want my PHI released to IHI.

insurance Authorization: I understand that I am responsible for knowing the terms and conditions of my insurance coverage. I further understand that I may be responsible for obtaining prior authorization for certain services in order for my insurance company to pay for those services and I understand that I may be personally responsible for payment if I do not obtain any necessary prior authorization or my insurance benefits are denied, reduced, or terminated. (In accordance with federal law, the hospital will not deny or delay necessary care or treatment in the Emergency Department because of a person's inability to pay for such necessary emergency treatment.)

ASSIGNMENT OF BENEFITS, INSURANCE PROCEEDS, SETTLEMENTS If I am entitled to health care services under any insurance policy from any person or organization which may become liable to me to provide such benefits, I assign such benefits to the hospital and physicians employed by the hospital who render such services to me. I further authorize payment directly to Kaleida Health and such physicians of all such insurance benefits payable to me. Such insurance may include, but is not limited to, private commercial insurance, auto liability insurance, worker's compensation, programs such as Medicare and Medicaid, or other governmental sources. I certify that the Information given regarding my insurance is accurate and current to the best of my knowledge. I further assign to Kaleida Health any payments for medical benefits payable to me as a result of any settlement or judgment in a lawsuit.

CERTIFICATION OF MEDICARE BENEFITS TO HOSPITAL AND/OR PHYSICIANS: (Applicable to Medicare beneficiaries only) I hereby authorize Kaleida Health to bill Medicare and receive payment on my behalf for any authorized Medicare benefits for services furnished to me by Kaleida Health, including physician services. I certify that the information given by me in applying for such payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical information or other information about me to release it to Medicare or its agents, as necessary, for payment of this, or any related Medicare claim.

FINANCIAL AGREEMENT in consideration for services rendered by Kafeida Health and physicians employed by Kaleida Health, I guarantee prompt payment of all such services not paid by Insurance carriers or third parties within thirty (30) days. I understand that any amounts not covered by my insurance carrier or other third party payor is my personal responsibility, and I agree to make payment for any such amounts. If Kaleida Health does not receive such payment within thirty (30) days from the date such balance is due, the bill may be turned over to an attorney or a collection agency and, if so, I agree to pay all reasonable collection costs including attorney's fees and/or collection fees in addition to the payment owed. I give the hospital the right to examine my consumer credit report for financial information relating to my responsibility to pay for medical services. I understand that, in most cases, my attending physician, emergency department physician, radiologist, anesthesiologist and other consultants and/or surgeons of Kaleida Health are independent practitioners, and not hospital employees. I will receive a separate bill from them for their services.

CONSENT

Patient Name: SMITH, SCASE 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 202 of 387 Date of Birth: 11/15/1973

MRN: 1003295790 FIN: 75213332

* Auth (Verified) *			
CONSENT FOR TREATMENT AND PAYMENT AGREEMENT? of 12 Cellular telephone number, or physical residential or electronic address (which mapprovide herein. You agree that Kaleida Health, its agents, assigns, debt collectors, or (between the hours of 8:00 a.m. and 9:00 p.m.) at such number(s) and address(es) telephone digiting system and the communications.	AGE 044Y HUA J IE S E ADM D RAFF MEMORIAL  Inlacted by Kaleida Heal atment or billing/payment by include a hospital/fac	SEX- F T- 02/03/18 Ith, its agents, assigns, nt, at any residential or righty patient room) you	
RELEASE OF LIABILITY FOR VALUABLES: I understand and sores that money	v jowalar and other war	deserted and the second	
ADVANCED DIRECTIVES: I acknowledge that I received or had made available to copy of "Your Patient Bill of Rights," prepared by New York State.  ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE: I acknowledge that I am automatically included in the hospital's: to relay my location and general condition if asked for by name and my religious affiliation want this information disclosed from the Patient Directory, I will Indicate the not want to be listed in the Patient Directory. I understand that, by checking this box, if no or others inquire about me while I am a patient, my presence here will not be disclosed be returned.  DISCLOSURE TO FAMILY OR FRIENDS INVOLVED IN MY CARE: I understand information to family members, other relatives or close personal friends by notifying a management of the patient/Parent/Agent/Guardian Signature  The Aurung Arrunnand Witness Signature  Interpreter (If used) Signature	o me information on advice chrowledge that I have Patient Directory, which ation to clergy without at by checking the bottamily members, my clert, and any mail or flowers that I may limit the dispenser of the staff assignment.	ance directives and a received the Kaleida allows Kaleida Health sking by name. If I do x. If Restriction: I do gy, neighbors, friends addressed to me will	
	Date	13me	
Witness Signature	Date	Time	
TELEPHONE ACCEPTANCE OF TERMS & CO			
Person contacted: Telephone Nui	mber:		
Relationship to Patient: Date of contact:  Person contacted has stated his/her understanding and acceptance of term patient.	Time of contains and conditions or	ot: the behalf of the	
Speaker Signature	Date	Time	
Vitness Signature	Date	Time	
HOTO IDENTIFICATION OBTAINED: UYES UNO OTE: If the individual signing is the Health Care Agent or Guardian(s), he/she must p is/her legal authority to consent. A copy of the documentation must be placed in the pati	provide written documen ent's medical record,	tation to authorize	

CONSENT

Patient Name: SMITH, SPARSENE 121-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 203 of 387 Date of Birth: 11/15/1973

\* Auth (Verified) \*

Kaleida Health Gate lime SMITH SHALL MR. 100329	5790 PT- 401233 3 AGE- 044Y	+ Sex. F
		03/15/18
NOTICES AND CUSTOMER COMMUNICATIONS You expressly consent to be debt collectors, or anyone calling on its behalf, for purposes relating to medical cellular telephone number, or physical residential or electronic address (which provide herein. You agree that Kaleida Health, its agents, assigns, debt collector (between the hours of 8:00 a.m. and 9:00 p.m.) at Such number(s) and address telephone dialing system and/or prerecorded or voice messages.	treatment or billing/payment, may include a hospital/facilit rs, or anyone calling on its bet \$(és), including by calls deliver	at any residential or y patient room) you alf may contact you red by an automatic
RELEASE OF LIABILITY FOR VALUABLES: I understand and agree that in brought into the hospital. I understand and agree that Kaleida Health shall not be	liable for loss or damage to an	y personal property.
ADVANCED DIRECTIVES: I acknowledge that I received or had made available copy of "Your Patient Bill of Rights," prepared by New York State.		Common Co
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE: Health Notice of Privacy Practices.	I acknowledge that I have re-	ceived the Kaleida
PATIENT DIRECTORY I understand that I am automatically included in the hospit to relay my location and general condition if asked for by name and my religious not want this information disclosed from the Patient Directory, I will Indicat not want to be listed in the Patient Directory. I understand that, by checking this bo or others inquire about me while I am a patient, my presence here will not be disclose returned.	affiliation to clergy without asking that by checking the box, in family members, my clergy and any mail or flowers and any mail or flowers and any mail or flowers and any mail or flowers and any mail or flowers and any mail or flowers and any mail or flowers and any mail or flowers and any mail or flowers and any mail or flowers and any mail or flowers and any mail or flowers and any mail or flowers and any mail or flowers and any mail or flowers and any mail or flowers.	ng by name. If I do Restriction: I do , neighbors, friends ddressed to me will
DISCLOSURE TO FAMILY OR FRIENDS INVOLVED IN MY CARE: I underst information to family members, other relatives or close personal friends by notifying	and that I may limit the disclo I a member of the staff assigne	sure of my health
I have read all the above statements and accept the terms and condition	ons as stated.	
Snilla	3-15-18	10:18
Patient/Parent/Agent/Guardian Signature	Date	Time
X I magnoti	3-15-18	10:182
Witness Signature	Date	Time
Interpreter (if used) Signature	Date	Time
Witness Signature	Date	Time
TELEPHONE ACCEPTANCE OF TERMS &	CONDITIONS	
Person contacted: Tetephone	Number:	
Relationship to Patient: Date of contact:	Time of contact:	
Person contacted has stated his/her understanding and acceptance of patient.	terms and conditions on t	ehalf of the
Speaker Signature	Date	Time
Vitness Signature	Date	Time
PHOTO IDENTIFICATION OBTAINED: YES INO NOTE: If the individual signing is the Health Care Agent or Guardian(s), he/she mis/her legal authority to consent. A copy of the documentation must be placed in the CONSENT	ust provide written documental patient's medical record.	ion to authorize

MRN: 1003295790 FIN: 4012330

### Document 1-1 Filed 04/20/21 Page 204 of 387 Case 1:21-cv-00530-LJV

**Medical Record Request** 

Med Rec Nbr:

1003295790

Financial Nbr:

4012330

Client Med Rec Nbr: 4437

11/15/1973

Sex:

Adm: 03/15/2018

DOB:

Female

Dsch: 03/16/2018

Ul Nbr:

1003295790

Patient Name:

SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Xray

Physician:

RILEY, JONATHAN P.MD

Orders

Printed: 03/26/2018 16:47

Patient Name: SMITH, SHASE NE 21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 205 of 387

Date of Birth: 11/15/1973

\* Transcribed \*

MRN: 1003295790 FIN: 4012330

03/15/18

UB NEUROSURGERY, INC Patient Xray Order Requisition

Page 1

Smith, Shaulene N

655 OLIVER ST.

PO BOX 31372

APT. 2

N TONAWANDA, NY 14120

WELLCARE - MCD PLAN

TAMPA, FL 33631-3372

Co#: 150 Policy#: FT73655B

PATIENT

H-Phone: (716) -310-6649

W-Phone: (716) -

C-Phone: (716)-310-6649 :Unknown

Sex :F

Chart: 030618AS

DOB :11/15/1973

Accounc: 418036

PRIMARY INSURANCE

Race

Insured Name: SHAULENE N SMITH

: 11/15/1973

Group Number: Plan Name

Expired Date: 00/00/00

FACILITY INFORMATION

:DEGRAFF MEMORIAL HOSPITAL - RADIOLOGY Name

445 TREMONT STREET

Phone: (716)-690-2250

Fax : 1716) -690-2324

NORTH TONAWANDA, NY 14120

Status:Ordered

Doctor: Riley, Jonathan, MD

3980A SHERIDAN DRIVE

AMHERST, NY 14226-1727

UPIN : NPI:1346483039

X-RAY ORCER

Ordered :03/15/18 9:43 am

Sched :00/00/00 Acquired:00/00/00

Req# :235204

Phone : (716) -218-1000 Fax : (716)-650-2691

:03-0445678

ORDER NOTES

PLEASE DO NOT LEAVE THE IMAGING FACILITY WITHOUT OBTAINING A DISK TO BRING TO

OUR OFFICE, THANK YOU

CPT Test Name

Xray, Thoracic, Ap/Lat

Priority

Acc#

Routine

235204-1493333

Wedge compression fracture of T11-T12 vertebra, init

Ordering Provider's Signature:

Jones Rley

Electronically signed by agent of provider: Jessica Eryszak on 03/15/18 at 9:44 am

Patient Name: SMITH, STADLENE N 21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 206 of 387 Date of Birth: 11/15/1973

MRN: 1003295790 FIN: 4012330

\* Transcribed \*

SMITH SHAULENE N MR 1003295790 PT 4012330 DBB 11/15/73 AGE-044Y PCP ROSS LYNNES SEX- F RAD C ADM DT- 03/15/18 FC-

# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 207 of 387

**Medical Record Request** 

Med Rec Nbr:

Financial Nbr:

1003295790

4012330

Client Med Res Nbr: 4437

DOB:

11/15/1973

Sex:

Female

Adm: 03/15/2018

Dsch: 03/16/2018

Ul Nbr:

Physician:

1003295790

Patient Name:

SMITH, SHAULENE N

Organization:

KH DEGRAFF

Patient Location: D-Xray

RILEY, JONATHAN P.MD

Radiology Records

Printed: 03/26/2018 16:47

Patient Name: SMITH, SHAULENE N

Master Report Template

Patient Name: SMITH, SHAULENE N 21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 208 of 387

Date of Birth: 11/15/1973

ACCESSION #: DX-18-0047461 SMITH, SHAULENE N MR #: 1003295790 REQ FOR DATE: 03/15/2018

\* Auth (Verified) \*

E L T

MRN: 1003295790

FIN: 4012330

DeGraff Memorial Hos 455 Tramont Street, No	pital rth Tonawanda, New Yor	k 14120-0750					DEG	H RAFF	E	A MORTA	L	T H SPITAL
RADIOLOGY	REQUISITION						nont Street	, North	Tonaw	anda, Ne	w York	14120-0750
PATIENTIVAME		ME	EDIÇALR	EC# P	ATIENT LOCAT	NOF	SEX	AGE	DO	В.		PRIORITY
SMITH, SHAULE	ENE N	10	032957	90 1	)—Xray		F	44 Y	11/	15/1973		Routine
Order For 03/15/2018	Time 10:21 am	PT TYPE Clinic			TRANS. MODE		3		IA		ISO	***************************************
ORDERING PHYSICIA	N	钟	ONE NUM	BER	CONSULTIN	G PHYS	ICIAN				PHONE	NUMBER
RILEY, JONATH	AN P. MD	(7)	16) 218-	-1000								
EXAM F	EQUESTED		PACS	ID#		CLIN	CAL INDIC	ATION			ICD	CODES
1 Spine thoracie— 2	? views	727	16789		wedge con	np fx					Wedg	e comp
COMMENTS / SPI	ECIAL INSTRUCT	TIONS:			TECHNOI FELL FOUN	11/	1110		- fro	ictur to (	e of 9 s	idl
LAST 5 BXAMS: 1.) CT Abd+Pel w I 2.) US Transvaginal 3.) MAM DIGITAL 4.) CT Abd+Pel w I 5.) US Pelvic compl	Sein Bilat w or V contrast		01/1 01/1 08/0	3/2018 6/2018 6/2018 1/2017 2/2016	PAT. U	CODES:	t: 1003			EXISTS		TECH INIT.
Messaures I No Known Medica	ation Allergies			diabetes No	LAB RESU		PT/P	TT/INR	}	BUN	CRT	нсс
	ICAL RECORD NUMBI 195790	ER		**********	ACCESSION		. 1				3.64	
					DX-18-004							
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INJECTION TIME	CONTRA	ST / RADIOPE	HARM	NO. OF C	C/mCi-uCi	IN	ECTED/CAT	THED BY				
40123	ial Number					_1_		-	Digit	al Dicta	ation.	

Entered by: CLINE, CHRISTINE M



ORIGINAL

Patient Name: SMITH, SPASENE 21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 209 of 387 Date of Birth: 11/15/1973

\* Auth (Verified) \*

MRN: 1003295790 FIN: 4012330

and/		Physician Signature  Patient Signature  Parent/Guardian Signature  Witness Signature
Exam to Date Date Date	Time Time	Physician Signature  Patient Signature  Parent/Guardian Signature
Exam to Date  Date	Time	Physician Signature Patient Signature
Exam to Date	time	Physician Signature
and/ Exam to	o be performed	
and/		
□ 1 un	derstand that when p	possible the technologist will collimate (reduce) the area of x ray beam to the arms by placing a piece of lead over the fetal area and limit the number of routine fill examination in order to reduce the potential dose of rediation to the fetus
☐ I ac	knowledge that I am sician and all of my	o gonadotropin (hCG) test performed
hard and	THE COURSE SELECT	
3/15 / Date	Time	Patient Signature
My last n	nenstrual period was	(date) X Hysterectomy
1 COURT DI	e pregnant i must ale	ere is no possibility that I could be pregnant. I understand that if there is a possibility left the health care providers and discuss that possibility with the physician performs associated with the care I am to receive in the event that I am pregnant
IXS	hanlere	Smill attest and confirm that I am not currently pregnant and the
	IMĀGING SI PREGNANCY AT	ERVICES FC RAD C ADM DT 03/15/18
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PCP ROSS LYNNE S
-	la Health	dale   line   MR 1003295790 PT 4012330

KH01300-001 Rev 07/29/11

CONSENT

Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 210 of 387 Date of Birth: 11/15/1973

MRN: 1003295790 FIN: 4012330

\* Auth (Verified) \*

Facility: KH DMH

### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 211 of 387

Med Rec Nbr:

1003295790

UI Nbr:

1003295790

Financial Nbr.

4012330

Patient Name:

SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization:

KH DEGRAFF

DOB:

11/15/1973

Patient Location:

D-Xray

**Medical Record Request** Adm: 03/15/2018

Sex:

Female Physician:

RILEY, JONATHAN P.MD

# General Diagnostic Radiology

**EXAM** 

EXAM DATE/TIME

**ACCESSION NUMBER** 

**ORDERING DOCTOR** RILEY, JONATHAN P.MD

Spine thoracic- 2 views

03/15/2018 10:59

DX-18-0047461

Dsch: 03/16/2018

# **REASON FOR EXAM**

(Spine thoracic- 2 views) wedge comp fx

# Findings

INDICATION: Follow-up of fracture of T12 seen on the CT examination of 2/3/2018.

### FINDINGS:

AP and lateral views of the thoracic spine, AP view of the cervicothoracic junction and a lateral view the thoracolumbar junction demonstrate normal curvature.

Mild compression of the superior endplate of T12 is seen.

No retrolisthesis is seen.

Mild disc space narrowing of T11-T12 is seen.

The remainder the thoracic vertebrae are normal in height.

### IMPRESSION:

Mild compression of the superior endplate of T12 is seen.

No significant change is seen from the CT examination of 2/3/2018.

The remainder the thoracic vertebrae appear normal in height and alignment.

READ BY...... MAKHIJA, JASBEER S. MD

DICTATED .........: 03/15/2018 12:16 pm

TRANSCRIBED BY .....: 03/15/2018 12:16 pm JSM

03/15/2018 12:19 pm

ELECTRONICALLY BY ..: MAKHIJA, JASBEER S. MD

A Kaleida Health dictation system was used to prepare this Imaging report. Although each report is personally scanned for syntactic or grammatical errors, unintended but conspicuous translational errors can occur. Please contact the Radiology department if there are questions about contents of this report.

Printed: 03/26/2018 16:47

Patient Name: SMITH, SHAULENE N

### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 212 of 387

Med Rec Nbr:

1003295790

Financial Nbr:

4012330

Patient Name: Organization:

SMITH, SHAULENE N KH DEGRAFF

Client Med Rec Nbr: 4437

11/15/1973

Patient Location:

D-Xrav

DOB: Sex:

Female

Physician:

RILEY, JONATHAN P.MD

**Medical Record Request** 

Adm: 03/15/2018

Dsch: 03/16/2018

# Past Medical History

### Problem Name: Anemia

Status: Active

Age at Onset: 18 years; Onset Date: 1991; Age at Resolved: ; Resolved Date: ; Responsible Provider:

C: 09/19/2016 10:03; CRONIN, LINDA J.; hospitalized at age 18, dx'ed as iron deficient anemia

Problem Name: Polycystic ovarian syndrome

Status: Resolved Age at Onset: ; Onset Date: ; Age at Resolved: ; Resolved Date: ; Responsible Provider:

<u> Problem Name: Pregnant</u>

Status: Resolved Age at Onset: 20 years; Onset Date: 03/27/1994; Age at Resolved: Unknown 21 years; Resolved Date:

Unknown 1995; Responsible Provider:

Problem Name: Pregnant

Status: Resolved Age at Onset: 22 years; Onset Date: 10/23/1996; Age at Resolved: Unknown 23 years; Resolved Date;

Unknown 1997; Responsible Provider:

(2795)emaNamers@xeemami

Status: Resolved Age at Onset: 33 years; Onset Date: 03/27/2007; Age at Resolved: Unknown 34 years; Resolved Date:

Unknown 2008; Responsible Provider:

<u> Problem Name: Pregnant</u>

Status: Resolved Age at Onset: 34 years; Onset Date: 03/27/2008; Age at Resolved: Unknown 35 years; Resolved Date:

Unknown 2009; Responsible Provider:

Printed: 03/26/2018 16:47 Page 12 of 18

### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 213 of 387

**Medical Record Request** 

Med Rec Nbr: 1003295790 UI Nbr;

Female

Patient Name:

Physician:

1003295790

Financial Nbr: 4012330 Client Med Rec Nbr: 4437

Organization:

SMITH, SHAULENE N KH DEGRAFF

DOB: 11/15/1973 Patient Location: D-Xray

RILEY, JONATHAN P.MD

Adm: 03/15/2018

Sex:

Dsch: 03/16/2018

# Family History

Last Update: 09/19/2016 09:56 by CRONIN, LINDA J.

		<u> Mather, Alive</u>			
1	Condition	*****	Age of Unset	Life Cycle	Severity
	Hypertension	Positive	-	,	
-	CA - Cancer of colon	Negative			
-	Ovarian cancer	Negative			
	Thyroid disease	Negative		\$	
					************************

500	<u>Condition</u>		Age of Onset	Life Cycle	<u>Severity</u>
1	Breast cancer <sup>c1</sup>	Positive		:	
i	Diabetes mellitus	Positive		******	
	CA - Cancer of colon	Negative	0. ************************************		
	Ovarian cancer	Negative	(****** -:********		
27.	Thyroid disease	Negativa			
				`*	

C1: 09/19/2016 09:56; CRONIN, LINDA J.; dx'ed age 30, deceased

On Her	Sister Alive			
: <u>Candillan</u>		: Age of Onset	ife Cycle	: Savarity :
Diabetes mellitus	Positive		-	<u> </u>
Ovarian cancer	Negative	-		
Thyroid disease	Negative	:	:	

90000	Condition	Brother: Alive			
	Condition		Age of Unset	Life Cycle	Severity
	CA - Cancer of colon	Negative	*		
:	Ovarian cancer	Negative	:		
- 1	Thyroid disease	Negative	:	\$	
				/	

Condition	Eliotais e Alliva			
Condition		Age of Onset	Life Cycle	<u>Severity</u>
Diabetes mellitus	Positive	** ***********************************		
Ovarian cancer	Negative			
Thyroid disease	Negative			
		***************		

<u>Condition</u>		Ade of Unset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative	-		
Thyroid disease	ivegative		:	
	,		·** *	Å

<u>Condition</u>	Father: Alive	Age of Onset	Life Cvde	Severity
Diabetes mellitus	Positive			
CA - Cancer of colon	Negative			
Ovarian cancer	Negative	į		
Thyroid disease	Negative			
		C ********* ********* *******		

<u>Condition</u>	Mot Crandinghous A	live Age of Onset	Life Cycle	<u>Severity</u>
 CA - Cancer of colon	Negative		**************	

Printed: 03/26/2018 16:47

### Document 1-1 Filed 04/20/21 Page 214 of 387 Case 1:21-cv-00530-LJV

Med Rec Nbr:

Client Med Rec Nbr:

1003295790

Ul Nbr.

1003295790

Financial Nbr:

4012330

Patient Name:

SMITH, SHAULENE N

DOB:

11/15/1973

Organization: Patient Location: D-Xray

KH DEGRAFF

**Medical Record Request** 

Female

4437

Physician:

RILEY, JONATHAN P.MD

Sex: Adm: 03/15/2018

Dsch: 03/16/2018

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<u>Ma</u>	it Grandfather: A	<u>live</u>		
Condition		Age of Onset	Life Cycle	<u>Severity</u>
Ovarian cancer	Negative	1		
Thyroid disease	Negative		***************************************	
***************************************				* * * * * * * * * * * * * * * * * * * *

<u>Mar</u>	Grandmother: A	<u> Klive</u>		
<u>Condition</u>		Age of Onset	Life Cycle	<u>Severity</u>
CA - Cancer of colon	Negative		***************************************	
Ovarian cancer	Negative		·	
Thyroid disease	Negative			

2	Nephew: Alive			
Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative		· · · · · · · · · · · · · · · · · · ·	
Ovarian cancer	Negative	?		
Thyroid disease	Negative			***************************************
	************************************			· · · · · · · · · · · · · · · · · · ·

	<u>Niece: Alive</u>			
<u>Condition</u>		Age of Onset	Life Cycle	<u>Severity</u>
CA - Cancer of colon	Negative		*	
Ovarian cancer	Negative	*	\$*************************************	
Thyroid disease	Negative		·····	
			**************	

<u>Pa</u>	t Grandfather: A	<u>live</u>		
Condition		Age of Onset	Life Cycle	<u>Severity</u>
CA - Cancer of colon	Negative	<u>.</u>		
Ovarian cancer	Negative	·	:	
Thyroid disease	Negative	()		

<u>Pat</u>	Grandmother: /	live		
<u>Condition</u>		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative		:	
Ovarian cancer	Negative	Contract of the contract of th	**** ** *** ** ******* **** ****	
Thyroid disease	Negative		**************************************	

Printed: 03/26/2018 16:47

### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 215 of 387

Medical Record Request

Med Rec Nbr:

Adm: 03/15/2018

1003295790

Financial Nbr:

4012330

Client Med Rec Nbr: 4437

DOB: Sex:

11/15/1973

Female

Dsch: 03/16/2018

Ul Nbr.

Physician:

1003295790

Patient Name:

SMITH, SHAULENE N

Organization:

KH DEGRAFF

Patient Location: D-Xray

RILEY, JONATHAN P.MD

# Allergy

Substance: No Known Medication Allergies

Recorded By

Recorded Date/Time 09/19/2016 09:50

CRONIN, LINDA J.

Reaction Status: Active; Allergy Type: Allergy; Category Drug; Reviewed Date/Time: 02/03/2018 10:09 ; Reviewed By: LYNCH,JOSHUA J.DO

Printed: 03/26/2018 16:47

Page 15 of 18

### Document 1-1 Filed 04/20/21 Page 216 of 387 Case 1:21-cv-00530-LJV



**Medical Record Request** 

Med Rec Nbr: Financial Nbr:

Adm: 03/15/2018

DOB:

Sex:

Last Updated: 09/19/2016

Last Reviewed: 02/03/2018

Client Med Rec Nbr: 4437

1003295790

4012330

11/15/1973

Female

Ul Nbr.

1003295790

Patient Name:

SMITH, SHAULENE N

Organization:

KH DEGRAFF

Patient Location:

Status Date:

Responsible Provider:

Physician:

D-Xray RILEY, JONATHAN P.MD

<u> Dieblem Names Bregnani</u>

Dsch: 03/16/2018

Proble	m List
Problem Na	me: Anemia
Last Updated: 09/19/2016	Status Date: 09/19/2016
Last Reviewed: 02/03/2018	Responsible Provider:
<u>Problem Na</u>	
Last Updated: 09/19/2016	Status Date: 09/19/2016
Last Reviewed: 09/19/2016	Responsible Provider:
<u> Problem Name: Polycy</u>	
Last Updated: 09/19/2016	Status Date: 09/19/2016
Last Reviewed: 02/03/2018	Responsible Provider:
<u>Problem Nan</u>	ie: Pregnant
Last Updated: 09/19/2016	Status Date:
Last Reviewed: 02/03/2018	Responsible Provider:
5-21-11	
Problem Nan	
Last Updated: 09/19/2016	Status Date:
Last Reviewed: 02/03/2018	Responsible Provider:
Desking No.	
Problem Nam	
Last Updated: 09/19/2016	Status Date:
Last Reviewed: 02/03/2018	Responsible Provider:

Printed: 03/26/2018 16:47

Patient Name: SMITH, SHAULENE N

#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 217 of 387

**Medical Record Request** 

Med Rec Nbr:

DOB:

Sex:

Adm:

1003295790

11/15/1973

Financial Nbr:

03/15/2018

4012330

Client Med Rec Nbr: 4437

Female

Ul Nbr:

1003295790

Patient Name:

SMITH, SHAULENE N

Organization:

KH DEGRAFF

**D-Xray** 

Patient Location: Physician:

RILEY, JONATHAN P.MD

# Procedures-Surgical History

Dsch: 03/16/2018

<b>Last Update</b> 09/19/2016	d:	Location:		Status: Active	
Provider:		02/03/2018	:	Related Diagnosis:	

C: 09/19/2016 09:54; CRONIN, LINDA J.; exploratory, for abdominal pain, nothing found

Printed: 03/26/2018 16:47

Patient Name: SMITH, SHAULENE N

#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 218 of 387



**Medical Record Request** 

Med Rec Nbr: Financial Nbr:

DOB:

Sex:

1003295790

4012330

Client Med Rec Nbr: 4437

Adm: 03/15/2018

11/15/1973

Female

Dsch: 03/16/2018

Organization:

1003295790

Patient Name: SMITH, SHAULENE N

KH DEGRAFF

Patient Location: D-Xray

Physician:

RILEY, JONATHAN P.MD

# **Orders**

Ul Nbr:

***************************************	Radiology	
	Order: Spine thoracic-2 views	
	Order Date/Time: 03/15/2018 10:21	
Department Status: Completed	Catalog Type: Radiology	Activity Type: Radiology
End-state Date/Time: 03/15/2018 1	2:20	End-state Reason:
Ordering Physician: RILEY, JONATHA	N PMD	The second of th
Entered & Electron	onically Signed By: CLINE,CHRISTINE M on	DAMENTAL IN THE
order Details: Routine, 3/15/18 10:21:00 AM EDT, v	redge comp fx, Ambulatory, Wedge compress	03/15/2018 10:21 ion fracture of T11-T12 vertebra, initial encounter fo
	closed fracture, cmc, CMB579	and a second bit it it is a vertebra, unual encounter to
**************************************	Order Comment:	
Action Type: Complete	Action Date/Time: 03/15/2018 12:20	Action D
rder Details: Routine, 03/15/18 10:21:00, wedge c	omp fx. Amhulatory Wedge compression from	Action Personnel: MAKHIJA, JASBEER S, MD ture of T11-T12 vertebra, initial encounter for closed
	fracture, cmc, CMB579	uire of 111-112 vertebra, initial encounter for closed
	Review Information:	
	Doctor Cosign: Not Required	
	Order Comment:	
Action Type: Status Change	Action Date/Time: 03/15/2018 10:59	Action Develope II ADORE VIII
		Action Personnel: LAROSE, VANESSA J Radiology Technologist
rder Details: Routine, 03/15/18 10:21:00, wedge co	mp fx, Ambulatory, Wedge compression fract	Radiology Technologist ure of T11-T12 vertebra, initial encounter for closed
	fracture, cmc, CMB579	ore of 171-172 verteora, initial encounter for closed
	Review Information:	
***************************************	Doctor Cosign: Not Required	
60000000000000000000000000000000000000	Order Comment:	
Action Type: Order	Action Date/Time: 03/15/2018 10:21	Action Decomposit C. INIT OF INITIAL
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	fracture, cmc, CMB579	are of 171-112 vertebra, initial encounter for closed
	Review Information:	
	Nurse Review: Not Reviewed	
	Doctor Casign: Not Required	
	Order Comment:	

Printed: 03/26/2018 16:47 Page 18 of 18

Patient Name: SMITH, SHAULENE N 171335728 Master Report Template

# **DEGRAFF HOSPITAL**



Degraff Memorial Hospital 445 Tremont Street North Tonawanda, New York 14120 (716) 694-4500

#### **Emergency Department Discharge Instructions**

Name SMITH, SHAULENE N

DOB 11/15/1973

Date/Time 2/3/2018 15:12:00

MR# 1003295790

Acct# 75213332

Visit Date/Time: 2/03/2018 9:44 AM

Diagnosis: T12 compression fracture

PCP: ROSS, LYNNE S. MD

ED Provider: LYNCH, JOSHUA J. DO

Instructions prepared by: LYNCH, JOSHUA J. DO

Kaleida Health would like to thank you for allowing us to assist you with your healthcare needs. It is IMPORTANT to see your DOCTOR or PRIMARY CARE PROVIDER. Emergency Care may be incomplete without proper follow-up. If you become worse in any way, it is important that you call your doctor, or return to the Emergency Department. Please remember to take these instructions to your next doctor's appointment.

## Follow-up Instructions:

VITAT S INFODMATION

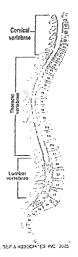
VITALS INFORMAT	ION	T . 4 4
Vital Sign	Triage	Latest
Pulse Rate, Peripheral	64 bpm	70 bpm
Respiratory Rate	18 BR/min	16 BR/min
Blood Pressure	140 mmHg /98 mmHg	142 mmHg /91 mmHg
Temperature Oral	36.9 degC	36.6 degC
Temperature Rectal		
Temperature Axillary		
Temperature Temporal	,	
		1 of 8

Patient Name SMITH, SHAULENE N FIN # 75213332

1 of 8 MRN 1003295790 **Emergency Medicine** 

## Vertebral Fracture

You have a fracture of one or more vertebra. These are the bony parts that form the spine. Minor vertebral fractures happen when people fall. Osteoporosis is associated with many of these fractures. Hospital care may not be necessary for minor compression fractures that are stable. However, multiple fractures of the spine or unstable injuries can cause severe pain and even damage the spinal cord. A spinal cord injury may cause paralysis, numbness, or loss of normal bowel and bladder control.



Normally there is pain and stiffness in the back for 3 to 6 weeks after a vertebral fracture. Bed rest for several days, pain medicine, and a slow return to activity is often the only treatment that is needed depending on the location of the fracture. Neck and back braces may be helpful in reducing pain and increasing mobility. When your pain allows, you should begin walking or swimming to help maintain your endurance. Exercises to improve motion and to strengthen the back may also be useful after the initial pain improves. Treatment for osteoporosis may be essential for full recovery. This will help reduce your risk of vertebral fractures with a future fall.

During the first few days after a spine fracture you may feel nauseated or vomit. If this is severe, hospital care with IV fluids will be needed.

Arrange for follow-up care as recommended to assure proper long-term care and prevention of further spine injury.

## SEEK IMMEDIATE MEDICAL CARE IF:

- · You have increasing pain, vomiting, or are unable to move around at all.
- You develop numbness, tingling, weakness, or paralysis of any part of your body.
- You develop a loss of normal bowel or bladder control.
- · You have difficulty breathing, cough, fever, chest or abdominal pain.

#### MAKE SURE YOU:

- Understand these instructions.
- · Will watch your condition.
- Will get help right away if you are not doing well or get worse.

## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 222 of 387

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 01/25/2006 Document Revised: 03/11/2013 Document Reviewed: 08/10/2010 ExitCare® Patient Information ©2015 ExitCare, LLC.

Patient Name: SMITH, SHAULENEN 121-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 223 of 387 Date of Birth: 11/15/1973

MRN: 1003295790 FIN: 75617428

\* Auth (Varified) \*

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CONSENT FO	DR TREATMENT AND AGREEMENT 2 of 2	PCP- ROSS LYNN FC- RAD Patient ID Area MIL	_	// <b>DT</b> - 08/08/18 BURBAN
NOTICES AND CUSTON	MER COMMUNICATIONS YOU	expressly consent to be co	ontacted by Kaleida H	ealth, its agents, assign:
debt collectors, or anyon cellular telephone numbe provide herein. You agree (between the hours of 8:	e calling on its behalf, for purper, or physical residential or eathat Kaleida Health, Its agent 00 a.m. and 9:00 p.m.) at sucland/or prerecorded or voice me	poses relating to medical tro lectronic address (which m is, assigns, debt collectors, in number(s) and address(e:	eatment or billing/payr ay include a huspitali or anyone calling on li	nent, at any residential o facility patient room) yo ts behalf may contact yo
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brought into the hospital.	l understand and agree that Ka	ileida Health shall not be lial	ble for loss or damage	to any personal property
ADVANCED DIRECTIVE	I acknowledge that I receive	ved or had made available t	o me Information on a	dvance directives and a
	of Rights," prepared by New Yo			
Health Notice of Privacy P	OF RECEIPT OF NOTICE OF rectices.	PRIVACY PRACTICE: ()	acknowledge that I ha	we received the Kaleida
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NOTE: If the individual signing is the Health Care Agent or Guardian(s), he/she must provide written documentation to authorize his/her legal authority to consent. A copy of the documentation must be placed in the patient's medical record.



CONSENT

### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 224 of 387

Temperature		1	
Intravascular		67.59 kg	
Weight	67.59 kg	07.39 Kg	

With:

Address:

When:

UB Neuro Surgery 218-1000

With:

Address:

When:

University Ortho 204-3200

With:

Address:

When:

LYNNE ROSS

LYNNE ROSS, MD, PC, 43 NIAGARA STREET NORTH TONAWANDA, NY 14120 (716) 690-2001 Business (1)

## **Medication Information:**

Allergy Info:

No Known Medication Allergies

Immunizations:

None given this visit

#### Below is a Complete list of your medications

oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) 1 tablet oral every 6 hours for 3 days. Refills: 0.

**Medication Comments:** 

Additional Comments:

#### DISCHARGE INSTRUCTIONS

**Order Name** 

**Order Details** 

TEST RESULTS PENDING LABORATORY RESULTS:

None

#### PENDING RADIOLOGY RESULTS:

None

Laboratory or Other Results This Visit (last charted value for your 02/03/2018 visit)

#### GENERAL LABORATORY

02/03/2018 10:23 AM

Albumin Level: 3.8 g/dL -- Normal range between (3.5 and 5.0)

Alkaline Phosphatase: 72 unit/L -- Normal range between (30 and 140)

ALT: 11 unit/L -- Normal range between (5 and 50)

Anion Gap: 7 mmol/L -- Normal range between (5 and 15)

AST: 15 unit/L -- Normal range between (5 and 50)

Baso Abs: 0.0 x10^9/L

Basophils: 0.7 %

Bilirubin: 0.6 mg/dL -- Normal range between (0.2 and 1.2)

BUN: 8 mg/dL -- Normal range between (5 and 25)

Calcium Level: 10.1 mg/dL -- Normal range between (8.5 and 10.5)
Carbon Dioxide: 25 mmol/L -- Normal range between (20 and 32)

Chloride: 105 mmol/L -- Normal range between (96 and 110)

Eos Abs: 0.2 x10^9/L

Eos: 3.2 %

MCH: 26.7 pg -- Normal range between (28.0 and 34.0)

Patient Name SMITH, SHAULENE N

FIN # 75213332

4 of 8

MRN 1003295790

Explanation of your Complete Medication List (if you are not on any medications, below will be blank)

CHANGES: Medications with changes in dosing

CVS/pharmacy #0589, 955 PAYNE AVE MID-CITY PLAZA NORTH TONAWANDA, NY 14120, (716) 693 - 1091

Start Taking: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) 1 tablet oral every 6 hours for 3 days. Refills: 0.

Stop Taking: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral

tablet) 1 tablet oral every 6 hours.

#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 227 of 387

MCHC: 32.8 g/dL -- Normal range between (32.0 and 36.0) MCV: 81.4 fL -- Normal range between (78.0 and 100.0) RDW: 13.4 % -- Normal range between (11.5 and 14.0) RBC: 4.31 x10^12/L -- Normal range between (4.20 and 5.40)

Hct: 35.1 % -- Normal range between (37.0 and 47.0)

Hgb: 11.5 g/dL -- Normal range between (12.0 and 16.0)

WBC: 6.0 x10^9/L -- Normal range between (4.0 and 10.5)

Lipase Level: 39 unit/L -- Normal range between (7 and 78)

Lymp Abs: 1.9 x10^9/L -- Normal range between (1.5 and 3.5)

**Lymph:** 32.1 % -- Normal range between (20.0 and 48.0)

Mono Abs: 0.4 x10^9/L

Mono: 7.2 %

Neut Abs: 3.4 x10^9/L -- Normal range between (1.5 and 6.6)

Platelet: 257 x10^9/L -- Normal range between (150 and 450)

Protein: 7.1 g/dL -- Normal range between (6.0 and 8.0)

Creatinine: 0.64 mg/dL -- Normal range between ( 0.40 and 1.40 ) Glucose Level: 90 mg/dL -- Normal range between ( 60 and 100 )

MPV: 9.8 fL -- Normal range between (9.0 and 12.0)

Potassium Level: 4.1 mmol/L -- Normal range between (3.5 and 5.3) Sodium Level: 137 mmol/L -- Normal range between (135 and 145)

GFR: >60 mL/min/1.73 m2

GFR AfrAmer: >60 mL/min/1.73 m2

Neutrophils: 56.6 % -- Normal range between (38.0 and 77.0)

ADDITIONAL LABORATORY AND/OR OTHER DIAGNOSTIC TEST RESULTS MAY BE AVAILABLE. PLEASE FOLLOW UP WITH YOUR PRIMARY CARE PROVIDER.

Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 228 of 387

PERC (714) 273-4676 Pore: (716) 278-4337 421 1Cth Sever, 3-3 Box 701 Wegata Felb. HY 14302

Depr. of Postohery

Medical Center Wedical Center

SURFACE, N.Y. 14203 १८० १-१७५ उद्यक्ट sanosmodod hastail? oleikut satrko leikutsik lennusid

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Master Report Template

182090128

Patient Name: SMITH, SHAULENE N

Page 1 of 21 | @=Performed at, S=Susceptible, | = Intermediate, R=Resistant, MA = Not Applicable| Printed: 08/23/2018 16:54

| LAB KEY: ^=Abnormal. C=Critical, i=Interp Data, m=Corrected, L=Low, H=High, R=Result Comments, O=Order Comments, T=Textual Result |

Consents Documents

Dach: 08/09/2018

Physician:

Patient Location:

:noilszineg:iO

Patient Name:

: JgN IO

DMR NAHTANOLYBJIR

SMITH, SHAULENE N

**AMRI Service** 

1003295790

KH SUBURBAN

Female :xes CLGNGL/LL :800 Client Med Rec Nbr: 4437 15617428 Financial Nbr.: 1003295790

Med Rec Nbr:

8102/80/80 :mpV

Medical Record Request

\* Auth (Verified) \*

Kaleida Health

IME	☐ Entered into downtime	electronic record
NWO	date	time
0	in	itials

11			

SMITH SHAULENE N MR- 1003295790 DDB- 11/15/73

PT 75617428 AGE 044Y SEX F

ATT- REFERRING DOC PEP- ROSS LYNNE S FC RAD

ADM DT: 08/08/18

Palient ID Area MILLARD FILLMORE SUBURBAN

CONSENT FOR TREATMENT AND PAYMENT AGREEMENT 1 of 2

HI Claim Number:

AUTHORIZATION FOR CARE & TREATMENT I hereby agree that Kaleida Health may perform care and treatment, and may conduct such examinations, laboratory tests and procedures, administer such local enesthetics, medication and treatment, as may be directed by my physician or treating practitioner. I acknowledge that no guarantees have been made to me as to the effect of such examinations, tests, procedures or treatment of my condition.

CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION. I consent to the use and disclosure of my Protected Health Information by Kalcida Health for purposes of treatment, payment, and health care operations. For example, my attending physician or treating practitioner at Kalcida Health may furnish Protected Health Information maintained by Kalcida Health in the course of my care and treatment. Also, as Kalcida Health is a teaching hospital, I consent to the use and disclosure of my Protected Health Information (i) for training and educational purposes to faculty physicians, residents, and medical, dental, pharmacy, nursing or other students in health-related professions from local colleges and universities affiliated with Kalcida Health, and (ii) for review in preparation for possible research. Release of medical records and information will be made according to state and federal regulations. I understand that Kalcida Health may release medical information to any third party, including my employer, which may be responsible for payment of my hospital or medical expenses. (Release of medical information to employers is limited to those employers who are directly liable for the costs of the patient's health care benefits through and employer, self-insured group health plan or worker's compensation, or in other circumstances in which such disclosure is legally allowed). I understand that it may be necessary for a hospital treating practitioner to contact another treating provider or pharmacy to obtain complete medical history and/ or medicine dosage.

CONSENT TO RELEASE INFORMATION TO THE UNIVERSITY OF BUFFALO INSTITUTE FOR HEALTHCARE INFORMATICS (IHI)

I understand that my PHI will be released to a research database supervised by the University of Buffalo Institutional Review Board for use in future research. 

Restriction: I do not want my PHI released to IHI.

INSURANCE AUTHORIZATION: I understand that I am responsible for knowing the terms and conditions of my insurance coverage. I further understand that I may be responsible for obtaining prior authorization for certain services in order for my insurance company to pay for those services and I understand that I may be personally responsible for payment if I do not obtain any necessary prior authorization or my insurance benefits are denied, reduced, or terminated. (In accordance with federal law, the hospital will not deny or delay necessary care or treatment in the Emergency Department because of a person's inability to pay for such necessary emergency treatment.)

ASSIGNMENT OF BENEFITS, INSURANCE PROCEEDS, SETTLEMENTS If I am entitled to health care services under any insurance policy from any person or organization which may become liable to me to provide such benefits, I assign such benefits to the hospital and physicians employed by the hospital who render such services to me. I further authorize payment directly to Kalelda Health and such physicians of all such insurance benefits payable to me. Such insurance may include, but is not limited to, private commercial insurance, auto liability insurance, worker's compensation, programs such as Medicare and Medicaid, or other governmental sources. I certify that the information given regarding my insurance is accurate and current to the best of my knowledge. I further assign to Kaleida Health any payments for medical benefits payable to me as a result of any settlement or judgment in a lawsuit.

CERTIFICATION OF MEDICARE BENEFITS TO HOSPITAL AND/OR PHYSICIANS: (Applicable to Medicare beneficiaries only)
I hereby authorize Kalaida Health to bill Medicare and receive payment on my behalf for any authorized Medicare benefits for services furnished to me by Kalaida Health, including physician services. I certify that the information given by me in applying for such payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical information or other information about me to release it to Medicare or its agents, as necessary, for payment of this, or any related Medicare claim.

FINANCIAL AGREEMENT In consideration for services rendered by Kaleida Health and physicians employed by Kaleida Health, I guarantee prompt payment of all such services not paid by insurance carriers or third parties within thirty (30) days. I understand that any amounts not covered by my insurance carrier or other third party payor is my personal responsibility, and I agree to make payment for any such amounts. If Kaleida Health does not receive such payment within thirty (30) days from the date such balance is due, the bill may be turned over to an attorney or a collection agency and, if so, I agree to pay all reasonable collection costs including attorney's less and/or collection fees in addition to the payment owed. I give the hospital the right to examine my consumer credit report for financial information relating to my responsibility to pay for medical services. I understand that, in most cases, my attending physician, emergendy department physician, radiologist, anesthesiologist and other consultants and/or surgeons of Kaleida Health are independent practitioners, and not hospital employees. I will receive a separate bill from them for their services.

WHO0087 Down 7d (2014)

CONSENT

Case 1:21-cv-00530-LJV Med Rec Nbr: Document 1-1 Filed 04/20/21 Page 230 of 387 Ut Nbr: 1003295790

Financial Nbr:

75617428

Client Med Rec Nbr: 4437

Patient Name: Organization:

SMITH, SHAULENE N KH SUBURBAN

DOB:

11/15/1973 Female

Patient Location: A-MRI Service

Physician:

RILEY, JONATHAN P.MD

**Medical Record Request** 

Adm: 08/08/2018

Dsch: 08/09/2018

Orders

Printed: 08/23/2018 16:54

Page 4 of 21

Patient Name: SMITH, SHAULENE N

\* Transcribed \*

08/01/18 01:00 PM UB Neurosurgery

Fax# (716)-577-4038

Page 3 of 3 #00510

08/01/18

UB NEUEOSURGERY, INC

Page 1

Smith, Shaulene N

Patient Xxay Order Requisition

PATIENT -

H-Phone: (716)-310-6649

DOB :11/15/1973

655 OLIVER ST.

W-Phone: (716) - -

Sex :F

APT. 2

C-Phone: (716) -310-6649

:Black / African America Chart:070515NS

N TOMANANDA, NY 14120

Account:418036

PRIMARY INGURANCE

Co#: 150 Policy#: FT73655B

DOB

Insured Name: SHAULENE N SMITH ; 11/15/1973

NELLCARE - MCD PLAN

PO BOX 31372 TAMPA, PL 33631-3372 Group Number:

Plan Name Expired Date: 00/00/00

PACILITY INFORMATION

Hame :MILLARD FILLMORE SUBURBAN - RADIOLOGY

Phone: (716)-568-6400

1540 MAPLE ROAD

Fax : (716) -568-3014

WILLIAMSVILLE MY 14221

M-RAY ORDER -

Status: Ordered

Ordered :07/12/18

1:19 pm

Doctor:Riley, Jonathan, MD 3980A SHERIDAN DRIVE

Sched :00/00/00

Acquired:00/00/00 Rec# :246446

AMHERST, NY 14226-1727

Phone : (716) -218-1000

UPIN : NPI:1346483039

Pax

: (716) -650-2691

Id :03-0445678

ORDER NOTES

PLEASE DO NOT LIGAVE THE IMAGING FACILITY WITHOUT OSTAINING A DISK TO BRING TO OUR OFFICE. THANK YOU

Authorization Number: A108507658

Case Number: 1101841326

Health Plan Auth Number: 125274846

Status: Approved

Approval Date: 7/25/2018 12:00:00 AM Service Code: 72141

Service Description: MRI CERVICAL SPINE W/O CONTRAS Site Name: DEGRAPP MEMORIAL HOSPITAL

Expiration Date: 9/8/2018

Teal Name

72141 MRI, Cervical Spine, W/O Contrast

Cervicalgia

Priority

Routine

Acc#

246446-1493345

SMITH SHAULENE N MR 1003295790 PT 75817428 BOB 11/15/73 AGE 044Y PCP ROSS LYNNES RAD G ADM DT. 08/08/18

Ordering Provider's Signature:

The Rey

Blectronically signed by agent of provider: Jessica Rrystak on 07/12/18 at 1:28 pm

Date of Birth: 11/15/1973

\* Transcribed \*

Page 2 of 3 #80510 BE 08/01/18 01:00 PM UB Neurosurgeru Fax# (716)-677-4038

08/01/18

UH NEUROSURGERY, INC Patient Tray Order Requisition Page 1

:11/15/1973

MRN: 1003295790

FIN: 75617428

PATTENT '

Smith, Shaulene N 655 OLIVER ST.

APT. 2

N TONAWANDA, MY 14120

H-Phone: (716) - 310-6649

W-Phone: (716) -

C-Phone: (715) -310-6649

Sex :F

:Black / African America Chart:070518NS Account: 418035

DRIMARY INSURANCE

Co#: 150 Policy#: PT736558

WELLCARE - MCD PLAN

PO BOX 31372 TAMPA, FL 33631-3372 Insured Name: SHAULENE N SMITH DOB : 11/15/1973

Group Number: Plan Name

Expired Date: 00/00/00

FACILITY INFORMATION

:MILLARD FILLMORE SUBURBAN - RADIOLOGY

1540 MAPLE ROAD

Phone: (716)-568-6400 Fax : (716) -568-3014

WILLIAMSVILLE NY 14221

Status:Ordered

Name

Doctor: Riley, Jonathan, MD 3960A SHERIDAN DRIVE

AMHERST, NY 14226-1727

UPIN : NPI:1346483039

:03-0445678 Id

K-RAY ORDER '

Ordered :07/12/18 1:19 pm

Sched :00/00/00 Acquired:00/00/00 :246445 Req#

; (716) -218-1000 Phone Faoc : (716) -650-2591

ORDER MOTES

PLEASE DO NOT LEAVE THE THAGING FACULITY WITHOUT OBTAINING A DISE TO DRING TO OUR OFFICE. THANK YOU

Authorization Number: A108507844

Case Number: 1101841514

Health Plan Auth Number: 125274891

Status: Approved
Approval Date: 7/25/2018 12:00:00 AM
Service Code: 72145

Service Description: MRI THORACIC SPINE W/O CONTRAS

Site Name: DEGRAFF MEMORIAL HOSPITAL

Expiration Date: 9/8/2018

CPT Test Name

MRI, Thoracis Spine W/O Cont 72146

Priority Brod

Routine 246445-1493345

Dx: S22.080A Wedge compression fracture of T11-T12 vertebra, init

Joseph Rey

SMITH SHAULENE N MR- 1003295790 FT- 75617428 DOB. 17/15/73 AGE 044Y SEX- F PGP. ROSS LYNNES

FÇ-RAD

G ADM 07- 08/08/18

Ordering Provider's Signature:

Bleckronically signed by agent of provider: Jessica Kryszek on 07/12/18 at 1:15 pm

#### Dogungght 1-1 Filed 04/20/21<sub>Nbr</sub> Page 23/3 գգեց 38/3 Case 1:21-cv-00530-1,JV

**Medical Record Request** 

Financial Nbr:

DOB:

Sex:

11/15/1973

Patient Name:

SMITH, SHAULENE N

RILEY, JONATHAN P.MD

Organization:

KH SUBURBAN

Patient Location: A-MRI Service

Female Physician:

Adm: 08/08/2018

Client Med Rec Nbr: 4437

Dsch: 08/09/2018

Printed: 08/23/2018 16:54

Patient Name: SMITH, SHAULENE N

MRN: 1003295790 FIN: 75617428

#### \* Auth (Verified) \*

K	2/	down	1 1	SMITH SHAULENE N MR 1003295790 DOB 11/15/73 ATT REFERRING DOC PCP ROSS LYNNE FC RAD G MILLARD FILLI	PT 75617428 AGE 44Y SEX F ADM DT 08/08/18 MORE SUBURBAN
		Buffald General Medical Center 100 High Street Buffald NY 14203	DeGraff Memorial Hospita 445 Tremont Street North Tonawanda NY 1412t	1540 Maple Road	John R. Oishei Children's Hospital 818 Eticott Street Buffalo NY 14203
	3.9 1.	· e · A. I bac am & far.	APPOINTM	ENTS 电、、Manager	
1	PHONE	716 859 2934	716 690 2250	716 568 6341 716 568 6340	716 323 2220 716 823 1840
10	FAX	716 859 2709	716 690 2324 " REQUEST FOR REPO	RTS OR FILMS #24 #34 45. 9	
-	PHONE	7 6 859 7849	716 690 2249	716 568 6415	716 323 2220
	FAX	718 859 1500 🔗	716 690 2324	718 588 3015	716 323 1340
		PLEASE	ANSWER ALL QUESTI	ONS AND SIGN THIS FORM	1
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			Stos II kg Ordening P	Tiysician 1997	
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2	Do you	have allergies? ⊡√No □	Yes (please list)		
<i>p.</i>	Do you	Hate and Bloo. Title T	too (proxoc non)		
5	Do you	have a history of renal d	Where	egrouff Memory on treatment? (1996 (1998)	(please list)
6	Do vou				
v	0.02	nave anemia sickle cell	disease or trait and/or blo	ood disorder > □ No Pites	s (please list)
7	Have yo	emia		ood disorder? ☐ No 戶代s yes involving metal (e.g. met	
	Have yo	tmte. ou ever worked with meta	or had an injury to the e		
7	Have you Do you Have yo	tmtm.  bu ever worked with meta  Yes explain	el or had an injury to the e s) in your body? 말제o endoscopy? 된No	yes involving metal (e.g. met	
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7 8 9 10	Have you Have you Have you Have you Head Neck Eyes Heart Have you Yes Are you Date d Do you	bu ever worked with metal yes explain have shrapnel or bullet(so but had a recent capsule of DU EVER HAD SURGERY DATE  But ever had Cancer?  When treatment  Treatment  Out pregnant?  When treatment of your last menstrual cy but have a diaphragm/intrest.	al or had an injury to the election your body? In your body? In on doscopy? In on (SELECT IF YES)  IYPE  IYPE  IYPS  IYP	yes involving metal (e.g. metal)  Yes  Yes  DATE  Abdomen 5/29/17 4/ Back Other  N/A isary? L'No, I IYes	TYPE
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Patient Name: SMITH, SHAUSENE 21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 235 of 387 Date of Birth: 11/15/1973

\* Auth (Verified) \*

DE 64  Z	SHAULENE N 13295790 PT 75617428
date time DOB 11/1	
Caleida rieamn   Att ref	FERRING DOC SS LYNNE
MRI PRE-SCAN PATIENT FG	RAD G ADM DT 08/08/18
QUESTIONNAIRE 2 of 2 Patient ID Ama	MILLARD FILLMORE SUBURBAN
3 DO YOU HAVE ANY OF THE FOLLOWING?	
Directions Each box must be checked DO NOT draw a line through a	II .
NO YES	
☐ Cardiac pacemaker	
☐ Implantable Cardioverter Defibrillator (AICD)	200.00
☐ Aneurysm clips ☐ Pacing wires	
Any type of ear implant (cochlear, stapes, ear drum, etc.)	
27 11 Any implant held in place with a magnet	
S  Artificial heart valve	The second second
☑ Any type of bio stimulator/Transcutaneous Electrical Nerve Stir	mulation (TENS) Unit
☑ ☐ Bone growth/fusion stimulator	
☐ Neurostimulator	
☐ ☐ Intravascular coil, filter stent Date implanted	
☑ Insulin or drug infusion pump	
□ □ Vascular access port/catheter	re-re-re-re-sur-sur-sur-sur-sur-sur-sur-sur-sur-sur
LY LI Swan Ganz catheter	
☑ ☐ Tissue expanders ☑ ☐ Shunt	
☐ Carolid artery vascular clamp	
☐ Surgical clips or staples	
T Halo vest/metal/ic cervical fixation device	
☐ Any type of electrodes	
Ø □ Artificial limbs	
☐ Artificial joint replacements (hip knee, shoulder, etc.)	
☐ Orthopaedic implants (screws rods pins plates) Where in	body
Any spine implants (Harrington rods)	
☑ □ Penile prosthesis	
☐ Orbital eye prosthesis ☐ Hearing aid	
Dentures or partial plates (especially those held in place with m	annote)
Any type of trans dermal patches (nicotine, nitro, duragesic est	rocen etc)
☑ Acticoat wound dressings	agen day
☐ Body piercings (other than ears)	
☐ ☐ Tattoos (or tattooed eyeliner)	
CAN PATIENT LIE FLAT? [] No PAYES	
TE	Parties and Partie
f you have information cards on any implanted devices please make them:	available to the technologiet
Please remove all jewelry dentures partials from your body Empty your pos	ckets of all tems and wear dothum
without snaps buttons or zippers. A gown and/or scrub parits will be provide	ed ta you
technologist will perform a reasonable visual assessment of the patient to	evaluate for possible hidden objects
attice and the	3.5
8 15/18 Time 9.0 2 Signature 1891 18	Print Name 54 KULLING SMITH
Daloinnakim to Dahant di mak namalatud faring a sa	
Relationship to Patient (finot completed by patient)	Print Name
s Time Nurse/Secretary Signature	
Time Nurse/Secretary Signature Time Technologist Signature	Print Name
s Time Nurse/Secretary Signature	
Time Nurse/Secretary Signature Time Technologist Signature	Print Name
Time Nurse/Secretary Signature Time Technologist Signature	Print Name
Time Nurse/Secretary Signature Time Technologist Signature	Print Name

MRN: 1003295790 FIN: 75617428 \* Auth (Verified) \*

ACCESSION #; MR-18-0016547 SMITH, SHAULENE N MR #: 1003295790 REQ FOR DATE: 08/08/2018 Millard Fillmore Suburbun Hospital 1540 Maple Road, Williamsville, New York 14221-2099



MILLARD FILLMORE SUBURBAN HOSPITAL 1540 Maple Road, Williamsville, New York 14221–21999

RADIOLOGY	REQUISITION		MEDICAL RE	C# F	PATIENT LOCATION	10-10	SEX	AGE	DOB.		PRIORITY
SMITH, SHAUL	ene n		100329579	0 /	A-MRI Service		F	44 Y	11/15/1973		Routine
Order For	Time	PTTY	PE		TRANS, MODE	02		1	IV	150	
08/08/2018	09:45 am	Clinic	3		Ambulatory						
ORDERING PHYSICI	AN		PHONE NUM	BER	CONSULTING PA	EYŞICI	AN	8 8 73 000		PHONE N	UMBER
RILEY, JONATI	IAN P. MD		(716) 218-	1000							
EXAM	REQUESTED		PACSI	D#	CI	.INIC/	AT INDI	CATION		ICD	CODES
1 MRJ Cervical s	pine w/o contrast		7/142032		compression f	X				Wedge	comp
COMMENTS/S	PECIAL INSTRUCT	TONS:			TECHNOLOG	JIST'	S COM	MENT:			
LAST 5 EXAMS: 1.) Spine lumbose 2.) Spine thoracic 3.) Spine thoracic 4.) CT Abd+Pel w 5.) US Transvagir	ctal – 2 or 3 v – 2 views – 2 views • IV contrast		06/1 03/1 02/0 01/1	8/2018 8/2018 5/2018 3/2018 3/2018	x	es: Nó po	51	- Vonill	O NANCY EXISTS		TECHINIT.
1 No Known Med	ication Allergies			DIABETE No	S LAB RESULT HCT/HBG F	S LT	PT	PTT/INR	BUN	CRT	HCG
	EDICAL RECORD NUMBI 0329579D	ER			ACCESSION NO MR-18-0016547						
					+						
TECHNOLOGIST NA	15/8		SxiC	10 x 12	31 x 14   14 x 17	14 x			THER	TYPTAL FILM	ds.
INJECTION TIME	CONTRA	ST/RA	DIOPHARM	NO. OF	CC / mCi-wCi	INJE	CTED/C	ATHEUBY			
	ALOGICAL INTERPRETA'	PHONS:		-		-			Digital Dic	tation.	
75(	017428										
Entered by: ES	TRADA, RAQUE	IL.							(	DRIGINA	4L

MRN: 1003295790 FIN: 75617428

\* Auth (Verified) \*

ACCESSION #: MR-18-0016546 SMITH, SHAULENE N MR #: 1003295790 REQ FOR DATT: 08/08/2018 Millard Filtrage Suburban Hospital 1540 Maple Road, Williamsville, New York 14221-2039



MILLARD FILLMORE SUBURBAN HOSPITAL
1540 Manle Road, Williamsville, New York 14221–2099

PADIOTOCKI	NO DESCRIPTION							1540	Maple I	Road, W	/illiam:	sville, Ne	w York 1	4221-2099
RADIOLOGY I	REGUISITION	-	MEDICAL R	EC#	PATIENT	LOCAT	ION		SEX	AGE	DO	B.		PRIORITY
SMITH, SHAULE	NE N		10032957	90 .	A-MRI	Servic	œ		F	44 Y	11/	15/1973		Routine
Order For	Time	PUTY	PE		TRAN	S. MODE	E	G2		1	IV		ISO	
08/08/2018	09:00 am	Clink	2	Amb	ulatory									
ORDERING PHYSICIAL	RDERING PHYSICIAN PHONE NUMBE			MDER	SULTIN	IG PIF	YSICI.	AN				PHÔNE NUMBER		
RILEY, JONATHA	AN P. MD		(716) 218-	-1000										
EXAM R	EQUESTED		PACS	Ш#			CLI	NICA	L INDK	CATION			ICD	CODES
1 MRI Thoracic im	aging who contrast	, mark	7442028		гоп	pressio	on fx						Wedge	e comp
COMMENTS / SPI	ECIÁL INSTRUCT	IONS:			TEC	CHNOI	LOG:	IST':	SCOM	MENT:				
LAST 5 EXAMS: 1.) Spine lumbosacr 2.) Spine thoracic— 3.) Spine thoracic— 4.) CT Abd+Pel w I 5.) US Transvaginal	2 views 2 views V contrast		06/1 03/1 02/0	18/2018 18/2018 15/2018 03/2018 16/2018	ISOL	T. U	хнж	S:	4	<b>2957</b>		у ежі\$Т\$		теснімт.
Moskoka				DIABETE		RESU					2	• 4	,	
1 No Known Medica	ation Allergies			Nο	HCT/	HBG	PL	Τ.	PIN	PTTAINR	- 1	BUN	CRT	HCG
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PRELIMINARY RADIOL		IONS:	-	-			_				Dig	ital Dic	ation.	
Finan 75617	cial Number 428										-	C.		

ORIGINAL

Entered by: LISTRADA, RAQUEL

#### Case 1:21-cv-00530-LJV Filed 04/20/21 Document 1-1 Page 238 of 387 Med Rec Nbr: 1003295790 Ul Nbr:

0000

Financial Nbr:

75617428

1003295790

Client Med Rec Nbr:

Patient Name:

SMITH, SHAULENE N

4437

Organization:

KH SUBURBAN

DOB:

11/15/1973

Patient Location: A-MRI Service

Medical Record Request

Sex:

Female

Physician:

RILEY, JONATHAN P.MD

MRI

**EXAM** 

EXAM DATE/TIME

Adm: 08/08/2018

ACCESSION NUMBER

Dsch: 08/09/2018

ORDERING DOCTOR

MRI Thoracic imaging w/o

08/08/2018 10:09

MR-18-0016546

RILEY JONATHAN P.M.D.

contrast

**REASON FOR EXAM** 

(MRI Thoracic imaging w/o contrast) compression fx

**Findings** 

CLINICAL HISTORY: Numbness fingers and toes on the left.

TECHNIQUE: Multiple pulse sequences performed

COMPARISON: none

FINDINGS:

Thoracic intervertebral disc spaces well maintained.

No focal disc herritation or stenosis is seen.

No intramedullary abnormalities are appreciated.

Minor disc degeneration at T11-12 with a minimal bulging disc is seen.

No discitis or osteomyelitis is seen.

IMPRESSION:

Minor disc degeneration at T11-12. No significant thoracic MRI abnormalities appreciated.

READ BY ...... REGENBOGEN, VICTOR S. MD

DICTATED .....: 08/08/2018 10:13 am TRANSCRIBED BY .....: 08/08/2018 10:13 am VSR

SIGNED

08/08/2018 10:17 am

ELECTRONICALLY BY ...: REGENBOGEN, VICTOR S. MD

A Kaleida Health dictation system was used to prepare this Imaging report. Although each report is personally scanned for syntactic or grammatical errors, unintended but conspicuous translational errors can occur. Please contact the Radiology department if there are questions about contents of this report.

EXAM

EXAM DATE/TIME

08/08/2018 10:09

ACCESSION NUMBER

MR-18-0016547

ORDERING DOCTOR RILEY JONATHAN P.M.D.

MRI Cervical spine w/o

contrast

REASON FOR EXAM (MRI Cervical spine w/o contrast) compression fx

**Findings** 

HISTORY: Finger and toe numbress

TECHNIQUE: Multiple pulse sequences obtained through the cervical spine.

Printed: 08/23/2016 16:54

Page 12 of 21

Patient Name: SMITH, SHAULENE N

185060156

Master Report Template

#### Document 1-1 Filed 04/20/21 Page 239 of 387 Case 1:21-cv-00530-LJV

Financial Nbr:

Patient Name:

SMITH, SHAULENE N

Organization:

KH SUBURBAN

DOB:

11/15/1973 Female

Physician:

Patient Location: A-MRI Service RILEY, JONATHAN P.M.D.

**Medical Record Request** 

Sex: Adm: 08/08/2018

EXAM DATE/TIME

Client Med Rec Nbr: 4437

Dsch: 08/09/2018

MRI

ACCESSION NUMBER

MR-18-0016547

ORDERING DOCTOR RILEY JONATHAN P.M.D.

contrast

MRI Cervical spine w/o 08/08/2018 10:09

**Findings** 

EXAM

COMPARISON: none

FINDINGS:

Craniocervical junction unremarkable.

Cervical intervertebral disc spaces well maintained.

No focal disc herniation or stenosis seen.

Upper 4 thoracic levels unremarkable.

No intramedullary abnormalities are appreciated.

No discitis or osteomyelitis appreciated.

IMPRESSION:

Unremarkable MRI of the cervical spine.

READ BY ...... REGENBOGEN, VICTOR S. MD

DICTATED .....: 08/08/2018 10:09 am

TRANSCRIBED BY .....: 08/08/2018 10:09 am VSR

08/08/2018 10:12 am SIGNED

ELECTRONICALLY BY ..: REGENBOGEN, VICTOR S. MD

A Kaleida Health dictation system was used to prepare this Imaging report. Atthough each report is personally scanned for syntactic or grammatical errors, unintended but conspicuous translational errors can occur. Please contact the Radiology department if there are questions about contents of this report.

Printed: 08/23/2018 16:54

Patient Name: SMITH, SHAULENE N

#### Document 1-1 Filed 04/20/21 Page 240 of 387 Case 1:21-cv-00530-LJV Med Rec Nbr:

Financial Nbr:

75617428

Client Med Rec Nbr: 4437

Patient Name: Organization:

SMITH, SHAULENE N KH SUBURBAN

DOB:

11/15/1973

Patient Location: A-MRI Service

Medical Record Request

Sex: Female Physician:

RILEY, JONATHAN P.MD

Adm: 08/08/2018

Dsch: 08/09/2018

Past Medical History

Problem Name: Anemia

e Age at Onset: 18 years; Onset Date: 1991; Age at Resolved: : Resolved Date: ; Responsible Provider: Status: Active

C: 09/19/2016 10:03 : CRONIN, LINDA J.: hospitalized at age 18. dx'ed as iron deficient anemia

Problem Name: Polycystic ovarian syndiome

Status: Resolved

Age at Onset: ; Onset Date: ; Age at Resolved: ; Resolved Date: ; Responsible Provider:

Status: Resolved

Problem Name: Pregnant Age at Onset: 20 years; Onset Date: 03/27/1994; Age at Resolved: Unknown 21 years; Resolved Date: Unknown 1995; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 22 years; Onset Date: 10/23/1996; Age at Resolved: Unknown 23 years; Resolved Date:

Unknown 1997; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 33 years; Onset Date: 03/27/2007; Age at Resolved: Unknown 34 years; Resolved Date: Unknown 2008; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 34 years; Onset Date: 03/27/2008: Age at Resolved: Unknown 35 years; Resolved Date:

Unknown 2009; Responsible Provider:

Printed: 08/23/2018 16:54 Page 14 of 21

#### Document 1-1 Filed 04/20/21 Page 241 of 387 UI Nbr: 1003295790 Case 1:21-cv-00530-LJV Med Rec Nbr:



Financial Nbr:

75617428

Patient Name:

SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization:

KH SUBURBAN

DOB:

11/15/1973 Female

Patient Location: A-MRI Service Physician:

RILEY,JONATHAN P.M.D.

**Medical Record Request** 

Adm: 09/09/2019

-6- 09/00/2049

	Adm: 08/08/2018	Dsch: 08/09/1	2018		
		Family Histor	<b>V</b>		
Ovarlan car	Condition	AGrandfainer, 4 Negative	Age of Onset	<u>Life Cycle</u>	<u>Severity</u>
Thyroid dise		Negative	:		· ····································
	<u>Mac</u> Condition	et Grandmother. A	five Age of Onset	Life Cycle	Severity
ČA - Cancer of Ovarian can	f colon ncer	Negative Negative			
Thyroid dise	ease	Negative			
CA - Cancer of	Condition f colon	Negative	Age of Onset	Life Cycle	<u>Severity</u>
Ovarian can Thyroid disea	icer	Negative Negative	į.		
		Mece Auve			
ČA - Cander of		Negative	Age of Onset	Life Cycle	Severity
Ovarian cano Thyroid disea		Negative Negative			
	<u>Pe</u> Condition	if Grundfather: Ali	<b>Ve</b> Age of Onset	Life Cvcle	Severity
CA - Cancer of Overlan cand	cer	Negative Negative			
Thyrold disea		Negative Grandmother: Ar			
CA - Cancer of r	<u>Condition</u>	Negative	Age of Onset	Life Cycle	<u>Severity</u>
Ovarian cand Thyroid disea	cer	Negative Negative			
				S S	

Printed: 08/23/2018 16:54

#### Document 1-1 Filed 04/20/21 Page 242 of 387 1003295790 UI Nbr: 1003295790 Case 1:21-cv-00530-LJV Med Rec Nbr;

1 1 M  Financial Nbr:

Client Med Rec Nbr: 4437

75617428

Patient Name: Organization:

SMITH, SHAULENE N KH SUBURBAN

DOB:

Sex:

11/15/1973 Female

Patient Location: A-MRI Service Physician:

RILEY, JONATHAN P.MD

**Medical Record Request** 

Adm: 08/08/2018

Dsch: 08/09/2018

## Family History

Last Update: 09/19/2016 09:56 by GRONIN, LINDA 3	J.	-		
	Mother: Alive			
Condition		Age of Onset	Life Cycle	Severity
h Hypertension	Positive			* ******
CA - Cancer of colon	Negative			*
Ovarian cancer	Negative			1
Thyroid disease	Negative		j	
			*** * **** * ****	······································
	Sister: Alive			
<u>Condition</u>		: <u>Age of Onset</u>	Life Cycle	Severity
Breast cancer <sup>c</sup>	Positive			
Diabetes mellitus	Positive			
CA - Cancer of colon	Negative			
Ovarian cancer	Negative		· ···· · · · · · · · · · · · · · · · ·	
Thyrold disease	Negative		* *** * *** * *** * ***	
AL COMOROGO CO. CRONINI ANIDA L. 44-1-1-1 ROLL	_		1	:
C1: 09/19/2016 09:56; CRONIN, LINDA J.; dx'ed age 30, decease	ed			
*************************	e sen <u>a a</u> asene o one a <u>reae</u> o one	- 0. 2020 - 0. 2020 - 0. 2020 - 0. 2020 - 0. 2020 - 0. 2020 - 0. 2020 - 0. 2020 - 0. 2020 - 0. 2020 - 0. 2020	de la sede la cede la cede la cede la ceda la ce	
	SISIEF. AHVE			
<u>Condition</u>		Age of Onset	Life Cycle	<u>Severity</u>
: Diabetes mellitus	Positive	2		
: Ovarian cancer	Negative	İ		
Thyroid disease	Negative			
		•		

	Storage Alive		
Condition	:	Age of Onset	Life Cycle : Severity
CA - Cancer of colon	Negative		
Ovarian cancer	Negative		
Thyroid disease	Negative :	**	

Condition	Brother: Ally	<b>e</b>	Non of Open		Ufo Ovala		
Diabetes mellitus	Positive	12	Ade di Oliset	2	Life Cycle	-	Seventy
Ovarian cancer	Negative						
Thyroid disease	Negative	16				:	

<u>Cousin: Afive</u>	
Condition Age of Onset Life Cycle	Severity
CA - Cancer of colon Negative	
Ovarian cancer Negative	
Thyroid disease Negative	

0	Pather: Alive			
Condition		<ul> <li>Age of Onset</li> </ul>	<ul> <li>Life Cvcle</li> </ul>	: Severity
Diabetes mellitus	Positive		1	
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative		· · · · · · · · · · · · · · · · · · ·	

	r: Aliv	<b>e</b>			
Condition		Age of Onset	:	Life Cycle	Severity
CA - Cancer of colon Negative			3		 

Printed: 08/23/2018 16:54

#### Dogues 1-1 Filed 04/20/27 Page 243 253 387 Case 1:21-cv-00530-LJV



**Medical Record Request** 

DOB:

11/15/1973

Patient Name:

SMITH, SHAULENE N

Organization:

KH SUBURBAN

Patient Location: A-MRI Service

Physician:

RILEY, JONATHAN P.M.D.

Sex: Female Adm: 08/08/2018

Client Med Rec Nbr: 4437

Dsch: 08/09/2018

Substance: No Known Medication A

09/19/2016 09:50 CRONIN,LINDA J.

Reaction Status: Active; Allergy Type: Allergy; Category Drug; Reviewed Date/Time:

02/03/2018 10:09 ; Reviewed By: LYNCH, JOSHUA J.DO

Printed: 08/23/2018 16:54

Patient Name: SMITH, SHAULENE N

Page 17 of 21

185060156

#### Case 1:21-cv-00530-LJV Med Rec Nbr; Document 1-1 Filed 04/20/21 Page 244 of 387 UI Nbr: 1003295790

Financial Nbr:

75617428

1003295790

SMITH, SHAULENE N

Organization:

KH SUBURBAN

Client Med Rec Nbr:

4437

A-MRI Service

DOB: Sex:

11/15/1973 Female

Patient Location: Physician:

Patient Name:

RILEY, JONATHAN P.M.D.

**Medical Record Request** 

Adm: 08/08/2018 Dsch: 08/09/2018

#### Problem List

Last Updated: 09/19/2016 Last Reviewed: 02/03/2018 Status Date: 09/19/2016 Responsible Provider:

Last Updated: 09/19/2016 Last Reviewed: 09/19/2016 Status Date: 09/19/2016

Responsible Provider:

<u> Probler</u> n<u>drome</u>

Last Updated: 09/19/2016 Last Reviewed: 02/03/2018

Status Date: 09/19/2016 Responsible Provider:

Last Updated: 09/19/2016 Last Reviewed: 02/03/2018

Status Date: Responsible Provider:

Last Updated: 09/19/2016

Last Reviewed: 02/03/2018

Status Date: Responsible Provider:

Last Updated: 09/19/2016 Last Reviewed: 02/03/2018

Status Date: Responsible Provider:

Last Updated: 09/19/2016

Status Date:

Last Reviewed: 02/03/2018 Responsible Provider:

Printed: 08/23/2018 16:54

Document 1-1 Filed 04/20/21 UI Nbr. Case 1:21-cv-00530-LJV

Med Rec Nbr:

DOB:

75617428

Patient Name:

SMITH, SHAULENE N

Financial Nbr: Client Med Rec Nbr: 4437

Organization:

KH SUBURBAN

11/15/1973

Petient Location: A-MRI Service Physician:

RILEY, JONATHAN P.M.D.

**Medical Record Request** 

Female Sex: Adm: 08/08/2018

Dsch: 08/09/2018

Procedures-Surgical History

Last Updated: 09/19/2016

Status:

Active

Location:

Provider:

Last Reviewed: 02/03/2018

Related Diagnosis:

C: 09/19/2016 09:54; CRONIN, LINDA J.; exploratory, for abdominal pain, nothing found

Printed: 08/23/2018 16:54

Page 19 of 21

Patient Name: SMITH, SHAULENE N

185060156

Master Report Template

# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 246 of 387



Financial Nbr:

Sex:

75617428

Patient Name:

SMITH, SHAULENE N

Client Med Rea Nbr:

4437

Organization:

Physician:

KH SUBURBAN

62 P 10

DOB:

11/15/1973 Female Patient Location: A-MRI Service

RILEY, JONATHAN P.M.D.

**Medical Record Request** 

Adm: 08/08/2018

Dsch: 08/09/2018

Adm: 08/08/2018	
Orders	
Radiology	
	•••••
Order: N/RI Cervice/ spine w/c contrast Order Date/Time: 08/01/2018 12:58	
Department Status: Completed Catalog Type: Radiology End-state Date/Time: 08/08/2018 10:14	Activity Type: Radiology End-state Reason:
Ordering Physician: RILEY, JONATHAN P.MD  Entered & Electronically Signed By: ESTRADA, RAQUEL on 08/01/2	Consulting Physician:
Order Details: Routine, 8/8/18 9:45:00 AM EDT, compression fx, Ambulatory, Wedge compression frac	ture of T11-T12 vertebra, initial encounter for
closed fracture, Patient, RILEY, JONATHAN P. MD. None, ~THECUR Order Comment:	RENIUGER
Action Type: Complete Action Date/Time: 08/08/2018 10:14 Action Details: Routine, 08/08/18 9:45:00, compression fx, Ambulatory, Wedge compression fracture of fracture, Patient, RILEY, JONATHAN P. MD. None. ~THECURREN	tion Personnel: REGENBOGEN VICTOR S.MD T11-T12 vertebra, initial encounter for closed NTUSER
Review Information:	
Doctor Cosign: Not Required	
Order Comment:	A CONTRACTOR AND AND A MAINTAIN
Action Type: Status Change Action Date/Time: 08/08/2018 10:09  Order Details: Routine, 08/08/18 9:45:00, compression fx, Ambulatory, Wedge compression fracture of fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENT Review Information:  Doctor Cosign: Not Required  Order Comment:	
Action Type: Status Change Action Date/Time: 08/08/2018 09:25	Action Personnel: MATYAS ROB C MRI Tech
Order Details: Routine, 08/08/18 9:45:00, compression fx, Ambulatory, Wedge compression fracture of fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURREN	T11-T12 vertebra, initial encounter for closed
Doctor Cosign: Not Required	
Order Comment:	
Action Type: Activate : Action Date/Time: 08/08/2018 09:09 Order Details: Routine, 08/08/18 9:45:00. compression fx, Ambulatory, Wedge compression fracture of fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURREN Review Information:	Action Personnel: ESTRADA,RAQUEL T11-T12 vertebra. initial encounter for closed ITUSER
Doctor Cosign: Not Required	
Order Comment:	
Action Type: Order Action Date/Time: 08/01/2018 12:56	Action Personnel: ESTRADA,RAQUEL
Order Details: Routine. 08/08/18. compression fx, Ambulatory, Wedge compression fracture of T11-T12 Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUS	
Review Information:	
Nurse Review: Not Reviewed	
Doctor Cosign: Not Required Order Comment:	

Printed: 08/23/2016 16:54

#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 247 of 387

Med Rec Nbr:

Adm: 08/08/2018

1003295790

Ul Nbr:

1003295790

Financial Nbr:

75617428 Client Med Rec Nbr: 4437

Patient Name:

SMITH, SHAULENE N KH SUBURBAN

DOB:

11/15/1973

Organization: Patient Location: A-MRI Service

**Medical Record Request** 

Sex:

Female

Dsch. 08/09/2018

Physician:

RILEY, JONATHAN P.M.D.

Orders

## Radiology

	(\$\$0.00xxxxx,\$14x44x,444xxxx,20000000000000000000000000
Order, MRI Thoracic maging wio cont	
Order Date/Time: 08/01/2018 12:55	
Department Status: Completed Catalog Type: Radiology	n grand kanada a mada a garaga agad agada dangga angang magang mada a mada a mada a mada a mada a
End-state Date/Time: 08/08/2018 10:18	Activity Type: Radiology
A	End-state Reason:
Ordering Physician: RILEY,JONATHAN PMD	Consulting Physician:
Entered & Electronically Signed By: ESTRADA RAQUEL on 08	/01/2018 12:55
Order Details: Routine, 8/8/18 9:00:00 AM EDT, compression fx, Ambulatory, Wedge compression	fracture of T11-T12 vertebra, initial encounter for
Crosed flacture, Fattern, RILET, JONAI HAN P. IND. None, ~IHEC	CURRENTUSER
Order Comment:	
Action Type: Complete Action Date/Time: 08/08/2018 10:18 Order Details: Routine, 08/08/18 9:00:00, compression fx, Ambulatory, Wedge compression fracture.	Action Personnel: REGENBOGEN VICTOR'S MD
Order Details: Routine, 08/08/18 9:00:00, compression fx, Ambulatory, Wedge compression fracture	e of T11-T12 vertebra initial encounter for closed
fracture, Patient, RILEY, JONATHAN P. MD. None. ~THECUR	RENTUSER
Review Information:	
Doctor Cosign: Not Required	
Order Comment:	
	Action Personnel: MATYAS,ROB C MRI Tech
Order Details: Routine, 08/08/18 9:00:00, compression fx, Ambulatory, Wedge compression fracture	e of T11-T12 vertebra, initial encounter for closed
iracture, Patient, RILEY, JONAI HAN P. MD, None, ~THECUR	RENTUSER
Review Information:	
Doctor Cosign: Not Required	5
Order Comment:	-
Action Type: Status Change Action Date/Time: 08/03/2018 09:25	Action Personnel: MATYAS,ROB C MRI Tech
Order Details: Routine, 08/08/18 9:00:00, compression fx, Ambulatory, Wedge compression fracture	of T11-T12 vertebra initial encounter for alread
fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURF	RENTUSER
Review Information:	
Doctor Cosign: Not Required	
Order Comment:	
Action Type: Activate Action Date/Time: 08/08/2018 09:08	and the same and the same and the same and the same and the same and the same and the same and the same and the
Order Details: Routine 08/08/18 9:00:00 compression 6. Assistant March 1990	Action Personnel: ESTRADA,RAQUEL
Order Details: Routine, 08/08/18 9:00:00. compression fx, Ambulatory, Wedge compression fracture fracture. Patient, RILEY, JONATHAN R MD, None, ~THECURE	of T11-T12 vertebra, initial encounter for closed
nacture, ration, Rile 1, JONATHAN R MD, NORe, ~1 HECURH	RENTUSER
Review Information:	
Doctor Cosign: Not Required	
Order Comment:	
Action Type: Modify Action Date/Time: 08/01/2018 12:56	Action Personnel: ESTRADA, RAQUEL
Order Details: Routine, 08/08/18, compression fx, Ambulatory, Wedge compression fracture of T11-7	12 vertebra, initial encounter for closed fracture
Patient, RILEY, JONATHAN P. MD, None, ~THECURRENT	USER
Review Information:	
Doctor Cosign: Not Required	
Örder Comment;	
Action Type: Order Action Date/Time: 08/01/2018 12:55	Action Department FOTBACK BASSIES AND A
Order Details: Routine, 08/08/18, compression fx, Ambulatory, Wedge compression fracture of T11-T	Action Personnel: ESTRADA,RAQUEL
Patient. RILEY, JONATHAN P. MD, None, ~THECURRENT	is veneria, initial encounter for closed fracture,
Review Information:	UDER :
Nurse Reviewed	
Doctor Cosign: Not Required	
Order Comment:	
Organ Comment.	

Printed: 08/23/2018 16:54

#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 248 of 387

**Medical Record Request** 

Med Rec Nbr: Financial Nbr:

DOB:

Sex:

1003295790

4012330

4437

Adm: 03/15/2018

Client Med Rec Nbr:

Female

11/15/1973

Dsch: 03/16/2018

Patient Name:

SMITH, SHAULENE N

Organization:

KH DEGRAFF

Patient Location: D-Xray

Physician:

RILEY, JONATHAN P, MD

Consents Documents

| LAB KEY: ^=Abnormal, C=Critical, i=Interp Data, m=Corrected, L=Low, H=High, R=Result Comments, O=Order Comments, T=Textual Result | Printed: 03/26/2018 16:47 @=Performed at, S=Susceptible, I = Intermediate, R=Resistant, N/A = Not Applicable Page 1 of 18

Patient Name: SMITH, SHAULENE N

171335728

Master Report Template

Kiskácia Mealót Cuedae for Laboratory Markidae Amhorst 1582 Maple Book Application NY 14821 Phones (214) 565-3760 Page 171 of 548-3858

Nished a Medita Crosses for Laboratory 88 officine 15 Fort Roses Williamsside, NY 14021 Photos: (218) 626-7200 San: (218) 633-2361

Kalaida Hasibh John R. Cicker Chilefones's Hospital Laboratory 3:3 Filecast House 86866, 141 14253 Phone: (216).32542360 For (216).323-1870

National Health Deskudi Lubendoorg 445 Benont Speed POBRECTSO N. Fonesconda, NY 14120 Phone: (716) 690-2133 Ros: (716) 690-2336

Clinical Laboratories okidhadi nedi ke Constal Housekal 100 High Street 848646, NY 14205 Phone: (758) 869-1987

Fox (718) 89%-2021

Mississis Contra Days, of Pathology 601 10th States PO Box 708 Magasa Falls, NY 14302 Pacoec 0716; 275-4837 Fax: (716) 278 4878

Magara Fiels Memorial

Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 249 of 387

Patient Name: SMITH, SHAULENE N

Date of Birth: 11/15/1973

\* Auth (Verified) \*

MRN: 1003295790 FIN: 4012330

□ □ Entered into electronic record

≈ % Kaleida Health C Entered into electronic record downtime

date time

initials

CONSENT FOR TREATMENT AND PAYMENT AGREEMENT 1 of 2

SMITH SHAULENE N MR- 1003295790 008- 11/15/73

PT- 4012330 AGE- 044Y

SEX- F

ATT. REFERRING DOC PCP. ROSS LYNNE S

RAD C ABM C DEGRAFF MEMORIAL

ADM DT- 03/15/18

HI Claim Number:

AUTHORIZATION FOR CARE & TREATMENT I hereby agree that Kaleida Health may perform care and treatment, and may conduct such examinations, laboratory tests and procedures, administer such local anesthetics, medication and treatment, as may be directed by my physician or treating practitioner. I acknowledge that no guarantees have been made to me as to the effect of such examinations, tests, procedures or treatment of my condition.

FC.

Patient ID Area

CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION. I consent to the use and disclosure of my Protected Health Information by Kaleida Health for purposes of treatment, payment, and health care operations. For example, my attending physician or treating practitioner at Kaleida Health may furnish Protected Health Information maintained by Kaleida Health in the course of my care and treatment. Also, as Kaleida Health is a teaching hospital, I consent to the use and disclosure of my Protected Health Information (i) for training and educational purposes to faculty physicians, residents, and medical, dental, pharmacy, nursing or other students in health-related professions from local colleges and universities affiliated with Kaleida Health, and (ii) for review in preparation for possible research. Release of medical records and information will be made according to state and federal regulations. I understand that Kaleida Health may release medical information to any third party, including my employer, which may be responsible for payment of my hospital or medical expenses. (Release of medical information to employers is limited to those employers who are directly liable for the costs of the patient's health care benefits through and employer, self-insured group health plan or worker's compensation, or in other circumstances in which such disclosure is legally allowed). I understand that it may be necessary for a hospital treating practitioner to contact another treating provider or pharmacy to obtain complete medical history and/ or medicine dosage.

CONSENT TO RELEASE INFORMATION TO THE UNIVERSITY OF BUFFALO INSTITUTE FOR HEALTHCARE INFORMATICS (IHI)

I understand that my PHf will be released to a research database supervised by the University of Buffalo Institutional Review Board for use in future research, D Restriction: I do not want my PHI released to IHI.

INSURANCE AUTHORIZATION: I understand that I am responsible for knowing the terms and conditions of my insurance coverage. I further understand that I may be responsible for obtaining prior authorization for certain services in order for my insurance company to pay for those services and I understand that I may be personally responsible for payment if I do not obtain any necessary prior authorization or my insurance benefits are denied, reduced, or terminated. (In accordance with federal law, the hospital will not deny or delay necessary care or treatment in the Emergency Department because of a person's inability to pay for such necessary emergency treatment.)

ASSIGNMENT OF BENEFITS, INSURANCE PROCEEDS, SETTLEMENTS If I am entitled to health care services under any insurance policy from any person or organization which may become liable to me to provide such benefits, I assign such benefits to the hospital and physicians employed by the hospital who render such services to me. I further authorize payment directly to Kaleida Health and such physicians of all such insurance benefits payable to me. Such insurance may include, but is not limited to, private commercial insurance, auto liability insurance, worker's compensation, programs such as Medicare and Medicaid, or other governmental sources. I certify that the information given regarding my insurance is accurate and current to the best of my knowledge. I further assign to Kaleida Health any payments for medical benefits payable to me as a result of any settlement or judgment in a lawsuit.

CERTIFICATION OF MEDICARE BENEFITS TO HOSPITAL AND/OR PHYSICIANS: (Applicable to Medicare beneficiarles only)
I hereby authorize Kaleida Health to bill Medicare and receive payment on my behalf for any authorized Medicare benefits for services furnished to me by Kaleida Health, including physician services. I certify that the information given by me in applying for such payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical information or other information about me to release it to Medicare or its agents, as necessary, for payment of this, or any related Medicare claim.

FINANCIAL AGREEMENT in consideration for services rendered by Kaleida Health and physicians employed by Kaleida Health, I guarantee prompt payment of all such services not paid by insurance carriers or third parties within thirty (30) days. I understand that any amounts not covered by my insurance carrier or other third party payor is my personal responsibility, and I agree to make payment for any such amounts. If Kaleida Health does not receive such payment within thirty (30) days from the date such balance is due, the bill may be turned over to an attorney or a collection agency and, if so, I agree to pay all reasonable collection costs including attorney's fees and/or collection fees in addition to the payment owed. I give the hospital the right to examine my consumer credit report for financial information relating to my responsibility to pay for medical services. I understand that, in most cases, my attending physician, emergency department physician, radiologist, anesthesiologist and other consultants and/or surgeons of Kaleida Health are independent practitioners, and not hospital employees. I will receive a separate bill from them for their services.

KH00287 Rev. 06/28/17

CONSENT

#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 250 of 387

Med Rec Nbr:

1003295790

1003295790

Financial Nbr:

752133332

Patient Name: Organization: SMITH, SHAULENE N

Client Med Rec Nbr: 4437
DDR: 11/15/1973

Patient Location:

D-Emerdency Rm

KH DEGRAFF

Medical Record Request

DOB: 11/15/197
Sex: Female

Physician:

LYNCH, JOSHUA J.DO

Adm: 02/03/2018 Dsch: 02/03/2018

#### Medication Administration Record

#### **Medications**

Admin Date/Time 102/08/20/8 12-69

Charted Date/Time: 02/03/2018 12-40

Medication Name: HYDROmorphone

Ingredients: h.5i 1 mg 1 mL

Admin Details: (Auth) IV push, Antecubital Fossa, Left

Action Details: Order: LYNCH, JOSHUA J.DO 02/03/2018 12:39; Perform: CZAJA, ALLYSON E RN 02/03/2018 12:40; VERIFY: CZAJA, ALLYSON E RN 02/03/2018 12:40; VERIFY: CZAJA, ALLYSON E RN

Admin Date/Time: 02/03/2018 12:37

ewierren alene Armeerre (1974) 974 (1974)

Medication Name: ondansetron

Ingredients: onda4i 4 mg 2 mL Admin Details: (Auth) IV push, Antecubital Fossa, Left

Action Details: Order: LYNCH, JOSHUA J.DO 02/03/2018 12:37; Perform: CZAJA, ALLYSON E RN 02/03/2018 12:37; VERIFY: CZAJA, ALLYSON E RN 02/03/2018 12:37; VERIFY: CZAJA, ALLYSON E RN 02/03/2018 12:37

Admin Date/Time: 02/03/2018 11:04

Charted Date/Time: 02/03/2018 13:38

Medication Name: HYDROmorphone (Dilaudid)

Admin Details: Auth (Verified)

Primary Pain Present: No actual or suspected pain; Primary Preferred Pain Tool: FACES/Numeric rating scale; Primary FACES/Numeric Rating Score Activ: 0; Primary FACES/Numeric Rating Score Rest: 0; Primary FACES/Numeric Rating Activity: 0 = No pain; Primary FACES/Numeric Rating at Rest: 0 = No pain; Primary Pain Quality: Aching; Primary Pain Location: Other: back, abdomen, left side; Primary Pain Laterality: Left; Primary Pain Time Pattern: Acute

Action Details: Order: LYNCH, JOSHUA J.DO 02/03/2018 10:23; Perform: CZAJA, ALLYSON E RN 02/03/2018 13:37; VERIFY: CZAJA, ALLYSON E RN 02/03/2018 13:37

Admin Date/Time: 02/03/2018 10:49

Charted Date/Time: 02/03/2018 10:53

Medication Name: HYDROmorphone (Dilaudid)

Ingredients: Dilaudid 1 mg 1 mL

Admin Details: (Auth) IV push, Antecubital Fossa, Left

Clinical Observation Complete: Yes; Primary FACES/Numeric Rating at Rest: 10 = Worst possible pain; Primary Preferred Pain Tool: FACES/Numeric rating scale

Action Details: Order: LYNCH, JOSHUA J.DO 02/03/2018 10:23; Perform: CZAJA, ALLYSON E RN 02/03/2018 10:51; VERIFY: CZAJA, ALLYSON E RN 02/03/2018 10:51

Admin Date/Time: 02/03/2018 10:49

Charted Date/Time 02/03/2018 10:55

Medication Name: Sodium Chloride 0,9% (NS bolus (Sodium Chloride 0,9%))

Ingredients: nacl.91000b 1000 mL

Admin Details: (Auth) IV piggyback, Antecubital Fossa, Left

Action Details: Order: LYNCH, JOSHUA J.DO 02/03/2018 10:23; Perform: CZAJA, ALLYSON E RN 02/03/2018 10:51; VERIFY: CZAJA, ALLYSON E RN 02/03/2018 10:51

Admin Date/Time: 02/03/2018 10:48

Charted Date/Time: 02/03/2018 10:53

Medication Name: ondansetron (Zofran)

Ingredients: Zofran 4 mg 2 mL

Admin Details: (Auth) IV push, Antecubital Fossa, Left

Action Details: Order: LYNCH, JOSHUA J.DO 02/03/2018 10:23; Perform: CZAJA, ALLYSON E RN 02/03/2018 10:51; VERIFY: CZAJA, ALLYSON E RN 02/03/2018 10:51

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**Medical Record Request** 

Med Rec Nbr: 1003295790 UI Nbr: 1003295790

Financial Nbr: 75213332 Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr: 4437 Organization: KH DEGRAFF

DOB: 11/15/1973 Patient Location: D-Emergency Rm

Sex: Female Physician: LYNCH, JOSHUA J.DO

Adm: 02/03/2018 Dsch: 02/03/2018

#### Hematology

#### **Complete Blood Count**

Orderable Name	Orderina Provider	Accession	Specir	nen Type	Callected	Received
		Number			Date/Time	Date/Time
CBC w/ Differential	: LYNCH, JOSHUA J.DO	18-034-03168	В	lood	02/03/2016 10:23	02/03/2018 11:08
(CBC Diff)		:		:		

Procedure	Result	Result Symbol	<u>Units</u>	Reference	<u>Report</u>	<u>Footnote</u>
	<del></del>			Range	<u>Date/Time</u>	Symbol
WBC	6.0		x10^9/L	[4.0-10.5]	02/03/2018 11:53	@1
RBC	4.31		x10^12/L	[4,20-5,49]	02/03/2018 11:53	@1
Hgb	11,5	L	g/dL	[12.0-16.0]	02/03/2018 11:53	@1
Hct	35.1	L	%	[37.0-47.0]	02/03/2018 11:53	@1
MCV	81.4		fL .	[78.0-100.0]	02/03/2018 11:53	@1
MCH	26.7	L	þg	[28.0-34.0]	02/03/2018 11:53	@1
MCHC	32.8		g/dL	[32.0-36.0]	02/03/2018 11:53	@1
RDW	13.4	:	%	[11.5-14.0]	02/03/2018 11:53	@1
Platelet	257		x10^9/L	[150-450]	02/03/2018 11:53	@1
MPV	9.8		fL	[9.0-12.0]	02/03/2018 11:53	@1
Neut Abs	3.4		x10^9/L	[1.5-6.6]	02/03/2018 11:53	@1
Lymp Abs	1.9	:	x10^9/L	[1.5-3.5]	02/03/2018 11:53	@1
Mono Abs	0.4		×10^9/L	[<=1.0]	02/03/2018 11:53	@1
Eas Abs	0,2		x10^9/L	[<=0.7]	02/03/2018 11:53	@1
Baso Abs	0.0	:	x10^9/L	[<=0.1]	02/03/2018 11:53	@1
Neutrophils	56.6		D/ /D	[38.0-77.0]	02/03/2018 11:53	@1
Lymph	32.1		%	[20.0-48.0]	02/03/2018 11:53	@1
Mono	7.2		%	[<=12.0]	02/03/2018 11:53	@1
Eos	3.2		%	[<=6.0]	02/03/2018 11:53	@1
Basophils	0.7		%	[<=3.0]	02/03/2018 11:53	@1

#### Performing Locations

@1: This test was performed at:

DG Labs, Kaleida Health Degraff Laboratory, 445 Tremont Street PO Box 0750, North Tonawanda, NY 14120, P: (716) 690-2181, F: (716) 690-2336

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#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 252 of 387

Med Rec Nbr:

DOB:

1003295790

1003295790

KH DEGRAFF

Financial Nbr:

75213332

Patient Name:

SMITH, SHAULENE N

Client Med Rec Nbr: 4437

11/15/1973

Organization:

Physician:

Patient Location: D-Emergency Rm LYNCH, JOSHUA J.DO

**Medical Record Request** 

Sex: Adm: 02/03/2018 Female Dsch: 02/03/2018

Chemistry

#### **Routine Chemistry**

<u>Orderable Name</u>	Ordering Provider	Accession	Specimen Type	Collected	Received
				Date/Time	Date/Time
Comprehensive	LYNCH, JOSHUA J.DO	18-034-03169	Blood	02/03/2018 10:23	02/03/2018 11:08
Metabolic Panel (CMP					
Comprehensive	1				
Metabolic Panel)					

<u>Procedure</u>	Result	Result Symbol	<u>Units</u>	Reference	Report	Footnote
				Range	Date/Time	Symbol
Sodium Level	137		mmol/L	[135-145]	02/03/2018 11:28	@1
Potassium Level	4.1	*	mmol/L	[3.5-5.3]	02/03/2018 11:28	@1
Chloride	105	***************************************	mmol/L	[96-110]	02/03/2018 11:28	@1
Carbon Dioxide	25		mmol/L	[20-32]	02/03/2018 11:28	@1
Anion Gap	7		mmol/L	[5-15]	02/03/2018 11:28	@1
BUN	8	:	mg/dL	[5-25]	02/03/2018 11:28	@1
Creatinine	0.64		mg/dL	[0.40-1.40]	02/03/2018 11:28	@1
Calcium Level	10.1		mg/dL	[8.5-10.5]	02/03/2018 11:28	@1
Bilirubin	0.6		mg/dL	[0.2-1.2]	02/03/2018 11:28	@1
Alkaline Phosphatase	72		unit/L.	[30-140]	02/03/2018 11:28	@1
AST	15		unit/L	[5-50]	02/03/2018 11:28	@1
ALT	11		unit/L	[5-50]	02/03/2018 11:28	@1
Protein	7.1		g/dL	[6.0-8.0]	02/03/2018 11:28	@1
Albumin Level	3.8		g/dL	[3.5-5.0]	02/03/2018 11:28	@1
Glucose Level	90		mg/dL	[60-100]	02/03/2018 11:28	@1
GFR	>60		mL/min/1.73 m2	[>=60]	02/03/2018 11:28	i1 @1
GFR AfrAmer	>60		mL/min/1.73 m2	[>=60]	02/03/2018 11:28	@1

Lipase Level	39		unit/L	[7-78]	02/03/2018 11:28	@1
		:		<u>Range</u>	Date/Time	<u>Symbol</u>
<u>Procedure</u>	<u>Result</u>	Result Symbol	<u>Units</u>	<u>Reference</u>	<u>Report</u>	<u>Footnote</u>
Lipase Level	LYNCH, JOSHU	\ J.DO 18-034-0	3169	Blood 02	2/03/2018 10:23	02/03/2018 11:08
		<u>Numt</u>	<u>er</u>		Date/Time	Date/Time
Orderable Nar	ne <u>Ordering Pri</u>	vider <u>Acces</u>	<u>sion 5</u>	<u>pecimen Type</u>	Callected	Received

#### Interpretive Data

i1:

**GFR** 

Interpretation of Estimated Glomerular Filtration Rate (eGFR) values (for adults only);

The eGFR is estimated using the abbreviated MDRD Study equation based on creatinine (IDMS calibrated), age, gender and ethnicity. The eGFR is provided as an aid in the assessment of renal function in adults. eGFR for both Non-African American and African American ethnicities are provided. eGFR >= 60 are reported as > 60.

Chronic kidney disease (CKD) is defined as either kidney damage or sGFR < 60 mL/min/1.73 m2 for >= 3 months. Patients witheGFR values >= 60 mT/min/1.73 m2 may also have CKD if svidence of persistent proteinuria is present.

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Med Rec Nbr.

Sex:

1003295790

Female

UI Nbr:

1003295790

Financial Nbr: 75213332

Patient Name:

Physician: .

SMITH, SHAULENE N KH DEGRAFF

Client Med Rec Nbr: 4437 DOB: 11/15

4437 Organization: KH DEGRAFF
11/15/1973 Patient Location: D-Emergency Rm

D-Emergency Rm LYNCH, JOSHUA J.DO

**Medical Record Request** 

Adm: 02/03/2018

Dsch; 02/03/2018

# Chemistry

## Interpretive Data

ii: GFR

Stages of CKD associated with eGFR < 60 mL/min/1.73 m2:

Stage 3 Moderate decrease in GFR GFR = 30-59
Stage 4 Severe decrease in GFR GFR = 15-29
Stage 5 Kidney failure GFR = <15

## Performing Locations

@1: This test was performed at:

DG Labs, Kaleida Health Degraff Laboratory, 445 Tremont Street PO Box 0750, North Tonawanda, NY 14120, P: (716) 690-2181, F: (716)

690-2336

Printed: 03/02/2018 14:49 Page 37 of 77

# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 254 of 387

**公**》 ック Medical Record Request Financial Nbr:

DOB:

Sex:

75213332

11/15/1973

Female

Patient Name:

SMITH, SHAULENE N

Organization:

KH DEGRAFF

Patient Location:

D-Emergency Rm

Physician:

LYNCH,JOSHUA J.DO

Request Adm: 02/03/2018 Dsch: 02/03/2018

Client Med Rec Nbr: 4437

Radiology Records

Printed: 03/02/2018 14:49

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169103478

Master Report Template

Patient Name: SMITH, SHADEN 21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 255 of 387 Date of Birth: 11/15/1973

MRN: 1003295790 FIN: 75213332

\* Auth (Verified) \*

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		nt and request a pregnanc/ test be performed if the test is positive my attending
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Patient Name: SMITH, SHAULENE N Document 1-1 Filed 04/20/21 Page 256 of 387 Date of Birth: 11/15/1973

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Date of Birth: 11/15/1973

	* Auth (Verified) *
CONTRAST SC	OGRAPHIC IV  REENING RECORD 1 of 2  Petient (D Area DEGRAFF MEMORIAL
Reason for Examination	MEDICAL HISTORY
1 Diabetic 2 Heart Disease 3 Kidney Disease 4 Asthma 5 Gout 6 Sickle Cell 7 Multiple Myeloma 8 Pheochromocytoma 9 Pregnancy	NOTE metFORMIN (Glucophage/Glucovance/Others) must be held for 48 hours after injection instruction sheet provided
partial 1	me II Surgical History (All previous surgeties)  MSI UP (HIMY XIY)  me II III Initials SM  ALLERGY HISTORY
Medication Allergies V	Ñone Known ☐ Refer to Allergy Profile
NO YES  fodine	REACTION  TO CONTRAST/X RAY DYE   No □ Yes describe
Premedication ordered	No [] Yes list
Date 23 18 Ts	me II TO Initials 301
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(H00552 Rev 08/18/15	DIAGNOSTIC HAGING

Date of Birth: 11/15/1973

		* Auth (Ve				**********
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Outcome Date	Time	Initials			<del> </del>	<del></del>
		CURRENT MED				
er exams with cont	rast complete me	dication list below For	administration of	any other medic	cation complete	full
Medication Reconcil Medication	iation Form KH011	i16 001 (omit medicationse Route	n list below) Interval	Indication	Last Dose (Dal	le/Time)
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ACCESSION #: CT-18-0007802

\* Auth (Verified) \*

RADIOLOGY REQUISITION  PATIENT NAME  SMITH, SHAULENB N  Order For   Time   10:23 am    ORDERING PHYSICIAN  LYNCH, JOSHUA J. DO  EXAM REQUESTED   CT Abd+Pel w IV contrast  COMMENTS / SPECIAL INSTRUCT  COMMENTS / SPECIAL INSTRUCT  LAST 5 EXAMS: 1.) US Transvaginal 2.) MAM DIGITAL Scrn Bilat w or 3.) CT Abd+Pel w IV contrast 4.) US Pelvic complete 5.) US Transvaginal  NEERSUES 1 No Known Medication Allergies	PTTYPE Emerge:	DO329579 DOCY HONE NUM PACS 1 P229521	DO D	Abdor	OCATION tency Rm MODE thair ULTING PE	O2 NO HYSICIA LINECA	F AN	AGE 44 Y  ATION	Fonawanda, N DOB. 11/15/197: IV No	3 ISO Standard PHONE N	PRIORITY Stat
SMITH, SHAULENE N  Order For Time 02/03/2018 10:23 am  ORDERING PHYSICIAN  LYNCH, JOSHUA J. DO  EXAM REQUESTED 1 CT Abd+Pel w IV contrast  COMMENTS / SPECIAL INSTRUCT  COMMENTS / SPECIAL INSTRUCT  LAST 5 EXAMS: 1.) US Transvaginal 2.) MAM DIGITAL Scrn Bilat w or 3.) CT Abd+Pel w IV contrast 4.) US Pelvic complete 5.) US Transvaginal	PTTYPE Emerge:	00329579 ncy IGNE NUM (16) 677— PACS 1	DO D	TRANS. I Wheelc CONSU	ency Rom MODE chair ULTING PS CL minal Pa	O2 No HYSICIA LINECA	F AN L INDIC	44 Y	11/15/197:	ISO Standard PHONE N	Stat d umber
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### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 260 of 387



Medical Record Request

Med Rec Nbr: Financial Nbr:

DOB:

Sex:

1003295790 75213332

11/15/1973

Ul Nbr:

1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm Physician:

LYNCH, JOSHUA J, DO

Adm: 02/03/2018

Client Med Rec Nbr:

Female

4437

Dsch: 02/03/2018

MATERIAN

EXAM CT Abd+Pel w IV contrast

EXAM DATE/TIME 02/03/2018 12:08

ACCESSION NUMBER CT-18-0007802

ORDERING DOCTOR LYNCH.JOSHUA J.DO

## **REASON FOR EXAM**

(CT Abd+Pel w IV contrast) Abdominal Pain

## **Findings**

INDICATION: The patient is complaining of abdominal pain evaluate. Status post fall on ice yesterday, took some old oxycodone for the pain, worsening pain back, left abdominal pain 10/10, nausea.

TECHNIQUE: Contiguous helical axial images from the lung bases to the ischial tuberosities were performed following the administration of 90 cc of Omnipaque- 350. In addition delayed images of the abdomen and pelvis were obtained. Oral contrast was given. 3-D reconstruction images in the sapittal and coronal planes were generated. Saline chaser bolus delivered.

COMPARISON: None.

CT SCAN OF THE ABDOMEN:

FINDINGS:

Inferior thorax: Lung bases demonstrates dependent atelectatic changes. Inferior heart/pericardium unremarkable. A hiatal hernia is present.

Lines and tubes: None.

Liver/Biliary Tree; No significant hepatic steatosis or hepatomegaly. No suspicious lesion. Low-attenuation lesion within the liver are too small characterize by CT criteria. No significant biliary dilation. The portal, superior mesenteric and splenic veins are patent.

Gallbladder: Unremarkable.

Pancreas: Unremarkable.

Spleen: Unremarkable.

Adrenal glands: Within normal limits.

Kidneys/Ureters: No hydronephrosis. No suspicious renal lesion. No urinary tract calculi identified.

Retroperitoneum: No enlarged lymph nodes. The abdominal aorta is normal in caliber. The inferior vena cava is unremarkable.

Bowel/Mesentery: The bowel and mesentery unremarkable without obstruction or inflammatory changes. No enlarged mesenteric nodes. The appendix is normal.

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169103478 Master Report Template Patient Name: SMITH, SHAULENE N

### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 261 of 387

Med Rec Nbr:

1003295790

UI Nbr:

1003295790

Financial Nbr:

75213332

Patient Name:

SMITH, SHAULENE N

Client Med Rec Nbr: 4437 Organization:

KH DEGRAFF

**Medical Record Request** 

DOB:

11/15/1973

Patient Location:

**D-Emergency Rm** 

Sex:

**Female** 

Physician:

LYNCH, JOSHUA J.DO

Adm: 02/03/2018 Dsch: 02/03/2018

## CAT SCAN

**EXAM** 

CT Abd+Pel w IV contrast

EXAM DATE/TIME 02/03/2018 12:08

ACCESSION NUMBER CT-18-0007802

ORDERING DOCTOR LYNCH, JOSHUA J.DO

Findings

Ascites: None.

CT SCAN OF THE PELVIS:

FINDINGS:

Bladder: Unremarkable.

Reproductive Organs: 2.2 cm dominant right ovarian follicle.

Lymph Nodes: None pathologically enlarged.

Free fluid: None.

Bones/superficial soft tissues: Acute mild compression fracture superior endplate of T12. No destructive lytic or sclerotic lesions. No inguinal hernias.

## IMPRESSION ABDOMEN:

- 1. No acute intra-abdominal process.
- Acute mild compression fracture superior endplate of T12 with fracture lines extending to involve the right posterior elements.

## IMPRESSION PELVIS:

No acute intrapelvic process.

READ BY ..... NOTINO, ANTHONY G. MD DICTATED ...... 02/03/2018 2:20 pm

TRANSCRIBED BY .....: 02/03/2018 2:20 pm AGN

SIGNED

02/03/2018 2:28 pm

ELECTRONICALLY BY ..: NOTINO, ANTHONY G. MD

A Kaleida Health dictation system was used to prepare this imaging report. Although each report is personally scanned for syntactic or grammatical errors, unintended but conspicuous translational errors can occur. Please contact the Radiology department if there are questions about contents of this report.

Printed: 03/02/2018 14:49 Page 45 of 77

Patient Name: SMITH, SHAULENE N

## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 262 of 387



**Medical Record Request** 

1003295790 1003295790 UI Nbr: Med Rec Nbr:

Patient Name: SMITH, SHAULENE N Financial Nbr: 75213332

KH DEGRAFF Organization: Client Med Rec Nbr: 4437 Patient Location: D-Emergency Rm DOB: 11/15/1973 LYNCH, JOSHUA J.DO Female Physician:

Dsch; 02/03/2018 Adm: 02/03/2018

## Intake and Output

INTAKE		02	/03/2018	02/04/20	18
All time in EST		000 <b>0 -</b> 0080	0800 - 1600	1600 - 0000	Total
HYDROmorphone	mL	<b>20</b>	2	-	2
ondansetron	mL	-	4	-	4
Sodium Chloride 0.9%	mL	-	1000	-	1000
8 Hour Total	mL	=	1006	=	
24 Hour Total	mL	nL 1906			

OUTPUT		02	/03/2018	- 02/04/20	18
All time in EST		0000 -	0800 - 1600	1600 -	Total
		ROAR	עטטו		
8 Hour Total	mL		<b>#</b>	-	<u> </u>
24 Hour Total	mL.	No documented output results for			
		date range			

Clinical Range Total from 02/03/2018 to 02/04/2018

Sex:

# 100 mm					
		T-1-1 Charles of (mal )	:	Fluid Balance (mL)	
Total Intake (mL)		Total Output (mL)		FIDIO DAIANCE (IIIL)	
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## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 263 of 387



1003295790 Med Rec Nbr: 75213332 Financial Nbr: 4437 Client Med Rec Nbr:

Sex:

Patient Name: SMITH, SHAULENE N Organization: KH DEGRAFF 11/15/1973 Patient Location: **D-Emergency Rm** DOB: Physician: LYNCH, JOSHUA J.DO Female

Ut Nbr:

1003295790

Dsch: 02/03/2018 Adm: 02/03/2018

# Care Plans Power Plans

## Medical

Plan: CT Abdomen/Pelvis w/ IV contrast

Status: Completed

History: Initiated at 02/03/2018 10:23 electronically signed by LYNCH, JOSHUA J.DO

Page 47 of 77 Printed: 03/02/2018 14:49

169103478 Master Report Template Patient Name: SMITH, SHAULENE N

### Case 1:21-cv-00530-LJV Med Rec Nbr: Document 1-1 Filed 04/20/21 Page 264 of 387

Financial Nbr:

75213332

Client Med Rec Nbr:

Patient Name: Organization:

SMITH, SHAULENE N KH DEGRAFF

DOB: Sex:

11/15/1973 Female

Patient Location:

Physician:

D-Emergency Rm LYNCH, JOSHUA J.DO

**Medical Record Request** 

Adm: 02/03/2018

Dsch: 02/03/2018

# Past Medical History

Problem Name: Anemia

Status: Active

Age at Onset: 18 years; Onset Date: 1991; Age at Resolved: ; Resolved Date: ; Responsible Provider:

C: 09/19/2016 10:03; CRONIN, LINDA J.; hospitalized at age 18, dx'ed as iron deficient anemia

Problem Name: Potycystic ovarian syndrome

Status: Resolved Age at Onset: ; Onset Date: ; Age at Resolved: ; Resolved Date: ; Responsible Provider:

<u> Problem Name: Pregnant</u>

Status: Resolved Age at Onset: 20 years; Onset Date: 03/27/1994; Age at Resolved: Unknown 21 years; Resolved Date:

Unknown 1995; Responsible Provider:

Problem Name: Pregnant

Status: Resolved Age at Onset: 22 years; Onset Date: 10/23/1996; Age at Resolved: Unknown 23 years; Resolved Date:

Unknown 1997; Responsible Provider:

Problem Name: Pregnant

Age at Onset: 33 years; Onset Date: 03/27/2007; Age at Resolved: Unknown 34 years; Resolved Date: Status: Resolved

Unknown 2008; Responsible Provider:

Problem Name: Pregnant

Age at Onset: 34 years; Onset Date: 03/27/2008; Age at Resolved: Unknown 35 years; Resolved Date: Status: Resolved

Unknown 2009; Responsible Provider:

Printed: 03/02/2018 14:49

## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 265 of 387



**Medical Record Request** 

Med Rec Nbr.

1003295790

UI Nbr:

1003295790

Financial Nbr: 75213332 Patient Name:

SMITH, SHAULENE N

Glient Med Rec Nbr: 4437 DOB:

11/15/1973

Organization: Patient Location:

KH DEGRAFF **D-Emergency Rm** 

Sex:

Female

Adm: 02/03/2018 Dsch: 02/03/2018 Physician:

LYNCH, JOSHUA J. DO

# Family/History

Last Update: 09/19/2016 09:56 by CRONIN,LINDA J.

	Mother Alive			
Condition	,	Age of Onset	Life Cvde	Severity
Hypertension	Positive	*.		***************************************
CA - Cancer of colon	Negative	-	* * * * * * * * * * * * * * * * * * *	
Ovarian cancer	Negative			
Thyroid disease	Negative		**************************************	

Condition		Age of Onset	Life Cycle	Severity
Breast cancer <sup>c1</sup>	Positive			
Diabetes mellitus	Positive	·	* · · · · · · · · · · · · · · · · · · ·	
CA - Cancer of colon	Negative	**************************************		
Ovarian cancer	Negative			
Thyroid disease	Negative			

C1: 09/19/2016 09:56; CRONIN, LINDA J.; dx'ed age 30, deceased

Sister: Alive							
<u>Condition</u>		Age of Unset	Life Cycle	<u>Severity</u>			
Diabetes mellitus	Positive		:				
Ovarian cancer	Negative		£				
Thyroid disease	Negative	<u>:</u>					

Candilian	Brother, Alive			
<u>Condition</u>		Age of Unset	Life Cycle	Severity :
CA - Cancer of colon	Negative			
Ovarian cancer	racgative			
Thyroid disease	Negative			

	Condition	Brother Alive			
	Continui		Age of Unser	Life Cycle	Severity
	Diabetes mellitus	Positive	i		
-	Ovarian cancer	Negative	\$		: :
	Thyroid disease	Negative	•		:
					*************

Consider on	Cousin: Alive			
<u>Condition</u>		Age of Onset	Life Cycle	<u>Severity</u>
CA - Cancer of colon	Negative	*		
Ovarian cancer	Negative			
Thyroid disease	Negative		*	
		********************************		******************************

Condition				
<u>Condition</u>		Age of Unset	Life Cycle	Severity
Diabetes mellitus	Positive			*****
CA - Cancer of colon	Negative	***************************************		
Ovarian cancer	Negative		**************************	
Thyrold disease	Negative	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

-	Gandilan	Mat Grandfath	er. Aliv	e Age of Onset	Life Cyc	<u>le Severit</u>	ty :
÷	CA - Cancer of colon	Negative					***************************************

Printed: 03/02/2018 14:49

### Document 1-1 Filed 04/20/21 Page 266 of 387 Case 1:21-cv-00530-LJV



Med Rec Nbr: Financial Nbr:

1003295790 75213332

4437

UI Nbr:

1003295790

Patient Name:

SMITH, SHAULENE N

Organization:

KH DEGRAFF

11/15/1973 DOB: Female Sex:

Patient Location: D-Emergency Rm Physician:

LYNCH,JOSHUA J.DO

**Medical Record Request** 

Adm: 02/03/2018

Client Med Rec Nbr:

Dsch: 02/03/2018

	F										

<u>M</u> a	(Berminia litera/A	five		
<u>Condition</u>		Age of Onset	<u>Life Cycle</u>	<u>Severity</u>
Ovarian cancer	Negative		}*************************************	· · · · · · · · · · · · · · · · · · ·
Thyroid disease	Negalive		; 7	

<u>Ma</u>	Grandmother: .			
<u>Condition</u>		Age of Onset	Life Cycle	<u>Severity</u>
CA - Cancer of colon	Negative			,
Ovarian cancer	Negative			
Thyroid disease	: Negative			

0	Nephew: Alive			
<u>Condition</u>		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative		.,	
Ovarian cancer	Negative			
Thyroid disease	Negative		.l.,	

	Niece: Alive			
<u>Candition</u>		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative	***************************************	· · · · · · · · · · · · · · · · · · ·	
Ovarian cancer	Negalive	*		
Thyroid disease	Negative	<u> </u>		L

	<u>Pa</u>	(Crandlather A	live		
	<u>Condition</u>	***************************************	Age of Onset	Life Cycle	<u>Severity</u>
	CA - Cancer of colon	Negative			
	Ovarian cancer	Negative			
-	Thyroid disease	Negative		***************************************	

Pal	Grandmother: A	<u>līve</u>		
<u>Canditian</u>		Age of Onset	Life Cycle	<u>Severity</u>
CA - Cancer of colon	Negative			
Ovarian cancer	Negative	· ·		
Thyroid disease	Negative		* * * * * * * * * * * * * * * * * * *	*
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Financial Nbr:

DOB:

75213332

11/15/1973

Female

Patient Name:

SMITH, SHAULENE N KH DEGRAFF

Organization: Patient Location:

**D-Emergency Rm** 

Physician:

LYNCH,JOSHUA J.DO

**Medical Record Request** 

Sex: Adm: 02/03/2018

Client Med Rec Nbr: 4437

Dsch: 02/03/2018

Allergy

Substance: No Known Medication Allergies

Recorded Date/Time Recorded By

09/19/2016 09:50 CRONIN,LINDA J. Reaction Status: Active; Allergy Type: Allergy; Category Drug; Reviewed Date/Time:

02/03/2018 10:09 ; Reviewed By: LYNCH, JOSHUA J.DO

Printed: 03/02/2018 14:49

Patient Name: SMITH, SHAULENE N

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### Document 1-1 Filed 04/20/21 Page 268 of 387 Case 1:21-cv-00530-LJV

Med Rec Nbr:

1003295790

Ul Nbr:

1003295790

Action Personnel: GAILE, MARIE P RN

Financial Nbr:

75213332

Patient Name:

SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization: Patient Location: D-Emergency Rm

KH DEGRAFF

**Medical Record Request** 

Action Type: Compliance

DOB: 11/15/1973 Sex: Female

Physician:

LYNCH, JOSHUA J.DO

Adm: 02/03/2018

Dsch: 02/03/2018

# Orders - Medications

## **Documented medications**

Order: oxyCODONE-acetamino	ohen (oxyCOB)	ONE acetaminophen.	7.5 mg-325 mg oral tableti					
	Order Date/Time:							
	Order Status:	Discontinued						
End-state Date/Time: 02/03/2018 15:1	0	V ************************************	End-state Reason:					
Ordering Physician: LYNCH, JOSHUA J.		(	Consulting Physician:					
Entered	Entered By: GAILE,MARIE P RN on 02/03/2018 09:49							
	Order Details: 1 to	ab, oral, q6h, 0, 0						
~~~~	Order Co	omment:						
Action Type: Discontinue	Action Date/Time:	02/03/2018 15:11	Action Personnel: LYNCH, JOSHUA J.DO					
	Order Details: 1 to	ab, oral, q6h, 0, 0						
Order Comment:								
Action Type: Document	Action Date/Time:	02/03/2018 09:49	Action Personnel: GAILE,MARIE P RN					
	Order Details: 1 ta	ab, oral, q6h, 0, 0						
	Order Co	omment:						

## Inpatient

Action Date/Time: 02/03/2018 09:49

Compliance Information: Status: Still taking, as prescribed; Information source: Patient; Last dose date: 02/02/2018

	1 <u>ROmerphone</u>
***************************************	e: 02/03/2018 12:39
Order Stati	us: Completed
End-state Date/Time: 02/03/2018 12:39	End-state Reason:
Ordering Physician: LYNCH, JOSHUA J.DO	Consulting Physician:
	ON E RN on 02/03/2018 12:39
Order Details: 1 mg = 1 mL, injection, IV push, Once, Start da	te: 2/3/18 12:39:00 PM EST, Stop Date: 2/3/18 12:39:00 PM EST
Order t	Comment:
Action Type: Order Action Date/Time	e: 02/03/2018 12:40 Action Personnel: CZAJA,ALLYSON E RN
Order Details: 1 mg = 1 mL, injection, IV push, Once, SI	art date: 02/03/18 12:39:00, Stop Date: 02/03/18 12:39:00
Order (	Comment:

<u>Oro</u> Order Da	er: ondansetron /Time: 02/03/2018 12:37
Orde	Status: Completed
End-state Date/Time: 02/03/2018 12:37	End-state Reason;
Ordering Physician; LYNCH,JOSHUA J.DO	Consulting Physician:
	LYSON E RN on 02/03/2018 12:37
Order Details: 4 mg = 2 mL, injection, IV push, Once, S	ort date: 2/3/18 12:37:00 PM EST, Stop Date: 2/3/18 12:37:00 PM EST
	rder Comment:
Action Type: Order Action Dat	/Time: 02/03/2018 12:37 Action Personnel: CZAJA,ALLYSON E RN
Order Details: 4 mg = 2 mL, injection, IV push, O	ce, Start date: 02/03/18 12:37:00, Stop Date: 02/03/18 12:37:00
	der Comment:

Printed: 03/02/2018 14:49

Patient Name: SMITH, SHAULENE N

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Medical Record Request

Med Rec Nbr: 1003295790 UI Nbr: 1003295790

Financial Nbr: 75213332 Patient Name: SMITH, SHAULENE N

 Client Med Rec Nbr:
 4437
 Organization:
 KH DEGRAFF

 DOB:
 11/15/1973
 Patient Location:
 D-Emergency Rm

 Sex:
 Female
 Physician:
 LYNCH, JOSHUA J.DO

Adm: 02/03/2018 Dsch: 02/03/2018

# Orders - Medications

## Inpatient

Order: HYDRI	Omorphone (Dilaudid)
Order Date/I	ime; 02/03/2018 10:23
Order 5	tatus: Completed
End-state Date/Time: 02/03/2018 10:53	End-state Reason:
Ordering Physician: LYNCH, JOSHUA J.DO	Consulting Physician:
Entered Bv: LYNCH.JO	SHUA J.DO on 02/03/2018 10:23
Order Details: 1 mg = 1 mL, injection, IV push, Once, Indication: pa	in, Start date: 2/3/18 11:00:00 AM EST, Stop Date: 2/3/18 10:53:40 AM EST
	er Comment:
Action Type: Complete Action Date/	Time; 02/03/2018 10:53 Action Personnel: CZAJA,ALLYSON E RN
Order Details: 1 mg = 1 mL, injection, IV push, Once, Indicat	ion: pain, Start date: 02/03/18 11:00:00, Stop Date: 02/03/18 11:00:00
	er Comment:
Action Type: Order Action Date/	ime: 02/03/2018 10:23 Action Personnel: LYNCH, JOSHUA J.DO
Order Details: 1 mg = 1 mL, injection, IV push, Once, Indicat	ion: pain, Start date: 02/03/18 11:00:00, Stop Date: 02/03/18 11:00:00
	er Comment:

Order: ondan	setron (Zolran)
Order Date/Time	02/03/2018 10:23
Order Statu	s: Completed
End-state Date/Time: 02/03/2018 10:53	End-state Reason:
Ordering Physician: LYNCH,JOSHUA J.DO	Consulting Physician:
Entered By: LYNCH, JOSHL	IA J.DO on 02/03/2018 10:23
Order Details: 4 mg = 2 mL, injection, IV push, Once, Indication: nausea,	Start date: 2/3/18 11:00:00 AM EST, Stop Date: 2/3/18 10:53:40 AM EST
Order C	omment:
	: 02/03/2018 10:53 Action Personnel: CZAJA,ALLYSON E RN
Order Details: 4 mg = 2 mL, injection, IV push, Once, Indication: n	ausea, Start date: 02/03/18 11:00:00, Stop Date: 02/03/18 11:00:00
Order C	omment:
	: 02/03/2018 10:23 Action Personnel: LYNCH, JOSHUA J.DO
Order Details: 4 mg = 2 mL, injection, IV push, Once, Indication: no	ausea, Start date: 02/03/18 11:00:00, Stop Date: 02/03/16 11:00:00
Firder C	amment.

Order: Sodium Chloride 0.9% (NS	bolus (Sodium Chloride 0.9%))		
Order Date/Time: 0			
Order Status:	Completed		
End-state Date/Time: 02/03/2018 10:53	End-state Reason:		
Ordering Physician: LYNCH, JOSHUA J.DO	Consulting Physician:		
Entered By: LYNCH, JOSHUA	J.DO on 02/03/2018 10:23		
Order Details: 1,000 mL, injection, IV piggyback, Infuse over: 60 min, Once, Ir	ndication: hydration, Start date: 2/3/18 11:00:00 AM EST, Stop date: 2/3/18		
10:53:41 A	W EST		
Order Cor	nment:		
Action Type: Complete Action Date/Time: 0	2/03/2018 10:53 Action Personnel: CZAJA,ALLYSON E RN		
Order Details: 1,000 mL, injection, IV piggyback, Infuse over: 60 min, Once, Indication: hydration, Start date: 02/03/18 11:00:00, Stop date: 02/03/18			
11:00:			
Order Cor	nment:		
Action Type: Order Action Date/Time: 0	2/03/2018 10:23 Action Personnel: LYNCH, JOSHUA J.DO		
Order Details: 1,000 mL, injection, IV piggyback, Infuse over: 60 min, Once,	Indication: hydration, Start date: 02/03/18 11:00:00, Stop date: 02/03/18		
11:00:			
Order Cor	nment		

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Patient Name: SMITH, SHAULENE N 169103478 Master Report Template

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**Medical Record Request** 

Med Rec Nbr: 1003295790 Ul Nbr: 1003295790

Financial Nbr: 75213332 Patient Name:

SMITH, SHAULENE N Client Med Rec Nbr: 4437 Organization: KH DEGRAFF DOB: 11/15/1973 Patient Location: D-Emergency Rm Sex: Female Physician: LYNCH, JOSHUA J. DO

Adm: 02/03/2018 Dsch: 02/03/2018

## Orders - Medications

## **Prescription**

Order: exyCODONE-acetaminophen (ex	yCODONE-acetamino	ophen 7.5 mg-325 mg oral tableti
Order Da	te/Time: 02/03/2018 15:10	
Ord	er Status: Completed	
End-state Date/Time: 02/06/2018 15:10	*	End-state Reason:
Ordering Physician: LYNCH, JOSHUA J.DO		Consulting Physician:
	JOSHUA J.DO on 02/03/20,	
Order Details: 1 tab, oral, q6h, pain, 3 days, 12 tab	, 0, 0, Route to Pharmacy E	lectronically, CVS/pharmacy #0589, tab
	Order Comment:	
Action Type: Status Change Action Da	te/Time: 02/06/2018 15:10	Action Personnel: System, System
Order Details: 1 tab, oral, q6h, pain, 3 days, 12 tab	, 0, 0, Route to Pharmacy E	ectronically, CVS/pharmacy #0589, tab
	Order Comment:	
		Action Personnel: LYNCH, JOSHUA J.DO
Order Details: 1 tab, oral, q6h, pain, 3 days, 12 tab	0, 0, Route to Pharmacy El	ectronically, CVS/pharmacy #0589, tab
	Order Comment:	

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## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 271 of 387

Med Rec Nbr:

1003295790

1 II Alber

1003295790

Financial Nbr:

75213332

Patient Name:

Physician:

SMITH, SHAULENE N

Client Med Rec Nbr: DOB:

Adm:

11/15/1973

**Female** 

Organization: Patient Location:

KH DEGRAFF
D-Emergency Rm

LYNCH, JOSHUA J.DO

Medical Record Request

Sex:

02/03/2018

Dsch: 02/03/2018

# Problem List

Problem Name: Anemia

Last Updated: 09/19/2016 Last Reviewed: 02/03/2018 Status Date: 09/19/2016

Responsible Provider:

Problem Name: Obesity

Last Updated: 09/19/2016 Last Reviewed: 09/19/2016 Status Date: 09/19/2016

Responsible Provider:

Problem Name: Polycystic ovarian syndrome

Last Updated: 09/19/2016 Last Reviewed: 02/03/2018 Status Date: 09/19/2016 Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016 Last Reviewed: 02/03/2018 Status Date:

Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016 Last Reviewed: 02/03/2018 Status Date:

Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016 Last Reviewed: 02/03/2018 Status Date: Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016 Last Reviewed: 02/03/2018 Status Date:

Responsible Provider:

Printed: 03/02/2018 14:49

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## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 272 of 387 1003295790 UI Nbr: 1003295790

**Medical Record Request** 

Med Rec Nbr: Financial Nbr:

1003295790

75213332

SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Patient Name: Organization:

KH DEGRAFF

DOB: 11/15/1973

Patient Location:

Physician:

**D-Emergency Rm** LYNCH, JOSHUA J.DO

Sex: Adm: 02/03/2018 Female Dsch: 02/03/2018

# **Procedures-Surgical History**

Last Upo 09/19/2	<i>Procede</i> lated: 016	ue: Lapaioscopy	Status; Active		
		Location:			
Provider:	Lä	st Reviewed: 02/03/2018	Rela	ited Diagnosis:	
: 09/19/2016 09:54 ; CRONIN, LINDA	J.; exploratory, for abdominal p	ain, nothing found		3-	*****

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Med Rec Nbr: 1003295790 Financial Nbr: 75213332

Client Med Rec Nbr: DOB: 11/15/1973 Sex: Female

Adm: 02/03/2018

Organization: Physician: Dsch: 02/03/2018

SMITH, SHAULENE N KH DEGRAFF

1003295790

Patient Location: D-Emergency Rm

Ul Nbr.

Patient Name:

LYNCH, JOSHUA J.DO

Orders

## Laboratory

Department Status: Completed   Catalog Type: Laboratory   Activity Type: General Lab		Order: Lipase Level	
End-state Date/Time: 02/03/2018 11:28			
Ordering Physician: LYNCH, JOSHUA J.DO			
Entered & Electronically Signed By: LVNCH, JOSHUA J.Do on 02/03/2018 10:23 Order Details: Stat, 2/3/18 10:23:00 AM EST, Once, Blood, 2/3/18 11:28:46 AM EST Order Comment:  Action Type: Complete Action Date/Time: 02/03/2018 11:28 Action Personnel: BANKS,ROBIN L Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00 Review Information: Doctor Cosign: Not Required Order Comment: Action Type: Status Change Action Date/Time: 02/03/2018 11:08 Action Personnel: BANKS,ROBIN L Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00 Review Information: Doctor Cosign: Not Required Order Comment: Action Type: Status Change Action Date/Time: 02/03/2018 11:08 Action Personnel: BANKS,ROBIN L Order Comment: Action Type: Status Change Action Date/Time: 02/03/2018 11:08 Action Personnel: BANKS,ROBIN L Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00 Review Information: Doctor Cosign: Not Required Order Comment: Action Type: Order Action Date/Time: 02/03/2018 10:23 Order Comment: Action Type: Order Action Date/Time: 02/03/2018 10:23 Nurse Review: Electronically Signed, CZAIJA,LLYSON E RN on 02/03/2018 11:32 Doctor Cosign: Not Required	End-state Date/Time: 02/03/201	8 11:28	
Order Details: Stat, 2/3/18 10:23:00 AM EST, Once, Blood, 2/3/18 11:28:46 AM EST Order Comment:  Action Type: Complete Action Date/Time: 02/03/2018 11:28 Action Personnel: BANKS,ROBIN L Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00 Review Information: Doctor Cosign: Not Required Order Comment:  Action Type: Status Change Action Date/Time: 02/03/2018 11:08 Action Personnel: BANKS,ROBIN L Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00 Review Information: Doctor Cosign: Not Required Order Comment: Action Type: Status Change Action Date/Time: 02/03/2018 11:08 Action Personnel: BANKS,ROBIN L Order Comment: Action Type: Status Change Action Date/Time: 02/03/2018 11:08 Action Personnel: BANKS,ROBIN L Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00 Review Information: Doctor Cosign: Not Required Order Comment: Action Type: Order Action Date/Time: 02/03/2018 10:23 Order Comment: Action Type: Order Action Date/Time: 02/03/2018 10:23 Order Comment: Action Type: Order Action Date/Time: 02/03/2018 10:23 Nurse Review: Electronically Signed, CZAJA, ALLYSON E RN on 02/03/2018 11:32 Doctor Cosign: Not Required			Consulting Physician:
Order Comment:  Action Type: Complete			
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Action Type: Status Change Action Date/Time: 02/03/2018 11:08 Action Personnel: BANKS,ROBIN L  Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00  Review Information: Doctor Cosign: Not Required  Order Comment:  Action Type: Status Change Action Date/Time: 02/03/2018 11:08 Action Personnel: BANKS,ROBIN L  Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00  Review Information: Doctor Cosign: Not Required  Order Comment:  Action Type: Order Action Date/Time: 02/03/2018 10:23 Action Personnel: LYNCH,JOSHUA J.DO  Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00  Review Information: Nurse Review: Electronically Signed, CZAJA,ALLYSON E RN on 02/03/2018 11:32 Doctor Cosign: Not Required			
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Order Comment:  Action Type: Order Action Date/Time: 02/03/2018 10:23 Action Personnel: LYNCH,JOSHUA J.DO  Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00  Review Information:  Nurse Review: Electronically Signed, CZAJA,ALLYSON E RN on 02/03/2018 11:32  Doctor Cosign: Not Required			
Action Type: Order Action Date/Time: 02/03/2018 10:23 Action Personnel: LYNCH,JOSHUA J.DO Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00 Review Information: Nurse Review: Electronically Signed, CZAJA,ALLYSON E RN on 02/03/2018 11:32 Doctor Cosign: Not Required			
Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00 Review Information: Nurse Review: Electronically Signed, CZAJA,ALLYSON E RN on 02/03/2018 11:32 Doctor Cosign: Not Required	Action Type: Order		Action Personnel: LVNCH JOSHUA LDO
Review Information: Nurse Review: Electronically Signed, CZAJA,ALLYSON E RN on 02/03/2018 11:32 Doctor Cosign: Not Required	`		
Doctor Cosign: Not Required	Credi Dou		T a ver a transmission verse.
Doctor Cosign: Not Required	Nurse Review: E	lectronically Signed, CZAJA, ALLYSON E RN on	02/03/2018 11:32
Order Comment:		Doctor Cosign: Not Required	
		Order Comment:	

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## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 274 of 387

Med Rec Nbr:

1003295790

UI Nbr:

1003295790

Financial Nbr:

75213332

Patient Name:

SMITH, SHAULENE N

Client Med Rec Nbr: 4437 11/15/1973

Organization: Patient Location:

KH DEGRAFF D-Emergency Rm

**Medical Record Request** 

DOB: Sex:

Female

Physician:

LYNCH, JOSHUA J.DO

Adm: 02/03/2018 Dsch: 02/03/2018

## Orders

## Laboratory

State Sommenens	sive Metabolic Panel (CMP Compre	nensive Welabolic Panel)
5	Order Date/Time: 02/03/2018 10:23	
Department Status: Completed	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 02/03/201		End-state Reason:
Ordering Physician: LYNCH, JOSI		Consulting Physician:
	ctronically Signed By: LYNCH, JOSHUA J.DO	
Under Details: S	stat, 2/3/18 10:23:00 AM EST, Once, Blood, 2/	3/18 11:28:46 AM EST
	Order Comment:	
Action Type: Complete	Action Date/Time: 02/03/2018 11:28	
Order De	tails: Stat, 02/03/18 10:23:00, Once, Blood, 02	2/03/18 10:23:00
	Review Information:	
	Doctor Cosign: Not Required	
	Order Comment:	
Action Type: Status Change		
Urder Del	tails: Stat, 02/03/18 10:23:00, Once, Blood, 02	/03/18 10:23:00
	Review Information; Doctor Cosign: Not Required	
	Order Comment:	
Action Type: Status Change		
Action Type: Status Change	: Action Date/Time: 02/03/2018 11:08	Action Personnel: BANKS,ROBIN L
Order Det	ails: Stat, 02/03/18 10:23:00, Once, Blood, 02/	/03/18 10:23:00
	Review Information: Doctor Cosign: Not Required	
	Order Comment:	
Action Type: Order	Action Date/Time: 02/03/2018 10:23	
	ails: Stat, 02/03/18 10:23:00, Once, Blood, 02/	Action Personnel: LYNCH, JOSHUA J.DO
Order Dea	Review Information:	US/10 TU.Z.S.UU
Nurse Review: E	Electronically Signed, CZAJA,ALLYSON E RN	an ถี <i>2ไ</i> ด้จี <i>ไว</i> ด18 11-จว
	Doctor Cosign: Not Required	ore one ordering out 1 bods,
	Order Comment:	

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# LYNN ROSS, M.D., P.C.

Date: 02/08/18 Lynne Ross, M.D., P.C.

Name: Shaulene N Smith DOB: 11/15/1973 Sex: F Age: 44 yrs Acct#: 4437

### PHQ2-Over the last 2 weeks, how often have you been bothered by any of the following problems?

,	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	Ø	a ·		
2. Feeling down, depressed, or hopeless	Ø			
			Total: 0	

HPI: Follow-up. 44 yo presents today for slip and fall was walking to work last friday 2/2/18 and slipped and fell and landed on her back

Lower back pain, went to the Hospital pt has T 12 compression fracture. Ambulating without assistance. Mechanism of injury: fall. Located on the lower back. Present for several days. Onset of symptoms occurred on: 2/2/18 pain radiates to her abdomen pt having trouble having a BM possible from the percocet. Pain radiates from the mid back to the abdomen. Has been seen by an emergency room physician. Has tried Percocet. Aggravated by bending, movement, prolonged sitting, pulling, pushing, rising from a chair, rising from a deep chair, sidelying, squatting, stairs, turning, twisting, walking and weight bearing. Alleviated by pain medication. Symptom disturbs sleep. Sleeps poorly, cannot find a comfortable position to sleep and not getting enough sleep at night. Patient reported no fever. States has decreased quality of life. Patient is able to ascend stairs and descend stairs, but unable to bend, pull, push, run, turn or twist. Previous testing: CAT scan. Has not tried anticonvulsants. Has not tried antivirals. Has not tried NSAIDs and has tried opiates. Has not tried psychotropics. Has not tried steroids. Has not tried topical anesthetics. Has not tried tricyclic. No new activities. Work status: off work. Precipitated by direct trauma to the spine.

### ROS:

## **Meds Prior to Visit:**

Losartan Potassium 25 mg take 1 tablet by mouth daily for high blood pressure
Flonase Allergy Relief 50 mcg/Act 1-2 sprays per nare per day
Vitamin D (Ergocalciferol) 50000 Unit take 1 capsule by mouth weekly for vitamin d deficiency
Ferrous Sulfate 325 (65 Fe) MG 1 by mouth twice a day
Medroxyprogesterone Acetate 10 mg 1 by mouth every day

Allergies: NKDA

### PMH:

Problem List: Iron deficiency anemia, Headache, Neck pain, Body mass index 30+ - obesity

Health Maintenance: CBC - (5/25/2017) CMP - (5/10/2017)

Vit D - (3/17/2017) 15 FLP - (3/17/2017)

TSH - (3/17/2017) Urinalysis - (3/17/2017)

B 12 - (3/17/2017)

Flu Shot - (9/2016) at pharmacy Physical Exam - (8/9/2016)

HgbA1C - (3/17/2017) 5.6 Mammogram - (1/16/2018)

Surgical Hx: uterine biopsy

cyst removal right wrist - x2

Exploratory Laparotomy, Dilation & Curettage

OB/Gyn Hx:Gravidity: (4)Parity: Full term (3), one miscarriage

Reviewed, no changes.

Shaulene N Smith DOB 11/15/1973 LYNNE ROSS, M.D., P.C.

Page #2

FH: Father: Diabetes, Deceased due to Unknown Causes - (age 57 Years). Stroke, Hypertension. Deceased due to Unknown Causes - (age 78 Years). Siblings:9. Brother 1: Alive and well - (age 46 Years). **Brother 2:** Diabetes - (age 45 Years). Sister 1: Alive and well. Sister 2: Alive and well, Hypertension. Deceased due to Breast Cancer. Alive and well, Diabetes. Deceased due to Leukemia. Sister 4: Alive and well, Diabetes. Sister 5: Hypertension, Alive And Well. Sister 6: Alive and well. Reviewed, no changes.

SH:
Marital: Single.Lives With: Children.Pets: 1 dog.Occupation: stay at home Mom.Work Status:
Unemployed.Diet: Adequate dief.Sleep: Reports normal sleep activity, Typically sleeps 5 hours a night.

Unemployed. Diet: Adequate diet. Sleep: Reports normal sleep activity, Typically sleeps 5 hours a night.

Personal Habits: Smoking: Patient has never smoked. Alcohol: Denies alcohol use. Drug Use: Denies Drug Use. Daily Caffeine: Consumes on average 2 cups of hot tea per day. Exercise Type: Does not exercise. Tattoo/Piercing: Tattoo, Pierced ears.

Reviewed, no changes.

Reviewed, no changes. Date: 02/08/2018

Was the patient queried about smoking behavior? ☐ Yes ☐ No

Does the patient currently smoke? Smoking: Patient has never smoked.

Wt: 159lb 2oz Wt Prior: 165lb 4oz as of 05/17/17 Wt Dif: -6lb -2.0oz Ht: 60" 5'0" BP: 130/80 Pulse: 70 Resp: 16 O2SatR: 99 IBW: 100 BMI: 31.1

### Exam

Const: Appears well developed and well nourished. No signs of acute distress present.

Head/Face: Atraumatic, normocephalic on inspection.

Neck: Supple. No masses appreciated. Trachea midline. No jugular venous distention.

Resp: Respiration rate is normal. No wheezing. Clear to auscultation bilaterally. No rales or rhonchi

appreciated over the lungs bilaterally.

CV: Rate is regular. Rhythm is regular. S1 is normal. S2 is normal. No gallop or rubs. No heart murmur appreciated. Extremities: No clubbing or cyanosis. No edema of lower limbs bilaterally.

Musculo: Walks with a limping gait and walks with a slow gait. Spine: Landmarks are equal, spinal contour is normal and landmarks are equal and spinal contour is normal. Normal to palpation. Moderate midline tenderness at the lumbar spinous process, significant midline tenderness at the thoracic spinous process. No obvious instability. Strength: Motor strength is intact. Limited left lateral flexion with pain. Limited right lateral flexion with gain. Limited left rotation with pain. Limited right rotation with pain. Limited right rotation with pain.

Neuro: Alert and oriented x3. Awake. Speech is fluent with no aphasia. Upper Extremities: motor strength is 5/5 bilaterally. Lower Extremities: motor strength is 5/5 bilaterally.

Cranial Nerves: Cranial nerves II-XII grossly intact.

Psych: Mood/Affect: Mood is normal. Cognition: Knowledge and vocabulary are consistent with education. Risk Assessment: Suicidality: None. Homicidality: None. Dangerousness: None, others and self.

Shaulene N Smith DOB 11/15/1973 LYNNE ROSS, M.D., P.C.

Page #3

Assessment #1: M54.9 Dorsalgia, unspecified

Care Plan:

Comments : Acute.

> pt will be out of work for the next few weeks will give note when she needs to go back to work went to the ER T 12 mild compression fracture

Med New

: Gabapentin 100 mg

take 1 capsule by mouth at bedtimes as needed for nerve pain

Cyclobenzaprine HCL 5 mg

take 1 tablet by mouth 3 times per day

as needed for muscle spasm

Naproxen DR 500 mg Take 1 tablet by mouth 2 times per day

Correspond's

: Excuse From Work

Assessment #2: Z68.31 Body mass index (BMI) 31.0-31.9, adult

Care Plan:

Comments

Plan Other:

Comments

: D&E

: D&E

**Med Discont** 

: Vitamin D (Ergocalciferol) 50000 Unit

take 1 capsule by mouth weekly for vitamin d deficiency Ferrous Sulfate 325 (65 Fe) MG 1 by mouth twice a day

Correspond's

: Excuse From Work

BMI: 31.1

Updated plan of care and medications reviewed and reconciled with patient, taking into consideration patient's preferences, potential barriers assessed and addressed as needed, health literacy assessed, and patient verbalized understanding of plan of care.



DeborahBush, FNP-BC

Seen by: Electronically signed by Deborah Bush, FNP on 02/08/2018 at 1:06 pm

Lynne Ross, M.D.

Electronically signed by Lynne Ross, M.D., P.C. on 02/08/2018



## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 280 of 387



**Medical Record Request** 

1003295790 1003295790 Ul Nbr: Med Rec Nbr:

SMITH, SHAULENE N Patient Name: 75213332

Financial Nbr: Organization: **KH DEGRAFF** Client Med Rec Nbr: 4437

Patient Location: D-Emergency Rm 11/15/1973 DOB: Physician: LYNCH, JOSHUA J.DO Female Sex:

Dsch. 02/03/2018 Adm: 02/03/2018

ALADO OZAMALIYEON E PRO CZAMALIYEON E RN

## Vascular Access

## Peripheral IV's

Recorded By	CZAJA, ALLYSON E RN	PZANAMANAYANIN ERIN			
Recorded Date	02/03/2018	<u>02/03/2018</u>			
Recorded Time	<u> 15:00</u>	<u>12:00</u>			
Procedite			Units	Reference Range	Š.
1.00000	Left Antecub	oital 20 gauge	*****************		
Peripheral IV Fluid Infusing:	_	ns			
Peripheral IV Activity:	Discontinue	Assess			
Peripheral IV Site Condition:	No complications	No complications		:	
Peripheral IV Dressing:	Dry, Intact, Transparent	_			:
Peripheral IV Patency:	No complications	-		<u> </u>	Ţ.

Recorded By Recorded Date Recorded Time Procedure	02/03/2018	<u>Units</u>	Reference Range
Peripheral IV Fluid Infusing:	sl	<u> </u>	, : :
Peripheral IV Activity:	Start	.i	
Peripheral IV Number of Attempts:	1	<u> </u>	
Peripheral IV Site Condition:	No complications		
Peripheral IV Dressing:	Dry, Intact, Transparent		
Peripheral IV Patency:	No complications	<u> </u>	

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## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 281 of 387

**Medical Record Request** 

Med Rec Nbr: 1003295790 Ut Nbr: 1003295790

Financial Nbr: 75213332 Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr. 4437 Organization: KH DEGRAFF

DOB: 91/15/1973 Patient Location: D-Emergency Rm

Sex: Female Physician: LYNCH, JOSHUA J.DO

Adm: 02/03/2018 Dsch: 02/03/2018

## Integumentary

## **Integumentary Assessment**

Recorded By GAILEMARIE P.RN
Recorded Date 02/03/2018
Recorded Time 09:45
Procedure

Skin Integrity Intact, no abnormalities

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# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 282 of 387

**Medical Record Request** 

1003295790 Med Rec Nbr. 75213332

Financial Nbr: Client Med Rec Nbr: 4437

DOB: Female Sex:

Adm: 02/03/2018

11/15/1973

Dsch: 02/03/2018

1003295790 Ul Nbr:

SMITH, SHAULENE N Patient Name:

Organization: KH DEGRAFF D-Emergency Rm Patient Location: Physician:

LYNCH, JOSHUA J.DO

Neurological

# **Neurological Assessment**

Recorded By	CAILE NARIE P RN
Reenaleeden	<u>02/03/2018</u>
Recorded Time	<u>09:45</u>
<u>Proiseduke</u>	
Orientation Assessment	Oriented x 4
Level of Consciousness	Alert
Dysphagia Screen Result	Pass

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### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 283 of 387

**Medical Record Request** 

Med Rec Nbr: Financial Nbr:

Adm: 02/03/2018

DOB:

Sex:

1003295790

75213332

Client Med Rec Nbr: 4437

11/15/1973

Female

Dsch: 02/03/2018

Physician:

Patient Name:

SMITH, SHAULENE N

Organization:

KH DEGRAFF Patient Location: D-Emergency Rm

LYNCH, JOSHUA J.DO

General Info

## Activity

Recorded By GAIL - MARIE P.RN Revolded Date 02/03/2018 Recorded Time <u>Procedure</u> Activity Assistance See Below 11

Textual Results

T1:

02/03/2018 09:45 (Activity Assistance) Independent/No Lift Device Applicable

## Miscellaneous Information

Recorded By	CZ4UA/ALLYSONERN	OZANA VALENSION EERN	GAILE MARIE P.RN
Recorded Date	02/03/2018	02/03/2018	02/03/2018
Recorded Time	<u>15:00</u>	12:00	09:45
<u>Procedure</u>			
ED Nursing Reassessment Completed	Yes	Yes	-
Travel Within Last 21 Days	-	-	No
ID Ebola Screen Close Contact Travel	=	-	No
ID Ebola Screen Close Contact Caregiver	=	-	No

Porton	ed By CZAJA A	HEVOOM E PA
Recorder	i Date 02	03/2016
	Time	
<u> </u>		
<u>Procedure</u>		
ED Nursing Reassessment Comp	oleted	Yes
43-1		

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1003295790 Med Rec Nbr: Financial Nbr: 75213332

Client Med Rec Nbr:

1003295790

SMITH, SHAULENE N Patient Name:

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

11/15/1973 DOB: Female Sex:

Physician: LYNCH, JOSHUA J.DO

**Medical Record Request** Adm:

Action Type: Order

Dsch: 02/03/2018 02/03/2018

4437

## Orders

## Laboratory

(શાહાનુસ એક્સ અનુસાર માં કરવા છે. જે કરવા છે. જે કરવા છે. જે કરવા છે. જે કરવા છે. જે કરવા છે. જે કરવા છે. જે ક

	Order Date/Time: 02/03/2018 10:23	
	Catalog Type: Laboratory	Activity Type: General Lab
End-state Date/Time: 02/03/2018 11:53	and a contract the contract of	End-state Reason:
Ordering Physician: LYNCH, JOSHUA J.D	0	Consulting Physician:
Entered & Electronica	lly Signed By: LYNCH, JOSHUA J.DC	on 02/03/2018 10:23
Order Details: Stat, 2/3/	18 10:23:00 AM EST, Once, Blood, 2	/3/18 11:53:06 AM EST
	Order Comment:	
Action Type: Complete	Action Date/Time: 02/03/2018 11:53	Action Personnel: VICTOR, BONNIE S
Order Details: Sta	at, 02/03/18 10:23:00, Once, Blood, C	2/03/18 10:23:00
	Review Information:	
	Doctor Cosign: Not Required	
	Order Comment:	
	Action Date/Time: 02/03/2018 11:08	
Order Details; Sta	at, 02/03/18 10:23:00, Once, Blood, C	2/03/18 10:23:00
	Review Information:	
	Doctor Cosign: Not Required	
	Order Comment:	
	Action Date/Time: 02/03/2018 11:08	Action Personnel: BANKS,ROBIN L
Order Details: Sta	at, 02/03/18 10:23:00, Once, Blood, 0	2/03/18 10:23:00

Review Information: Doctor Cosign: Not Required Order Comment:

Action Personnel: LYNCH, JOSHUA J.DO Action Date/Time: 02/03/2018 10:23 Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00

Review Information: Nurse Review: Electronically Signed, CZAJA, ALLYSON E RN on 02/03/2018 11:32

Doctor Cosign: Not Required Order Comment:

## Patient Care

Order: Medication I	Re-Evaluation 15 min		
Order Date/Time:	s: 02/03/2018 12:40		
Department Status: Discontinued Catalog Type	e: Patient Care Activity Type: Communication Orders		
End-state Date/Time: 02/07/2018 16:16	End-state Reason:		
Ordering Physician: System, System	Consulting Physician:		
	System, System on 02/03/2018 12:40		
	18 12:40:19 PM EST		
Order Comment: Order generated	d by kh_fn_response_event_1 rule		
Action Type: Discontinue Action Date/Time:	: 02/07/2018 16:16 Action Personnel: System, System		
Order Details: 02/03/18 12:40:19			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Order Action Date/Time:	s: 02/03/2018 12:40 Action Personnel: System, System		
	02/03/18 12:40:19		
Review Information:			
Nurse Review: Electronically Signed, CZAJA,ALLYSON E RN on 02/03/2018 13:37			
Doctor Cosign: Not Required			
Order Comment: Order generated by kh_fn_response_event_1 rule			

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## Document 1-1 Filed 04/20/21 Page 285 of 387 Case 1:21-cv-00530-LJV Med Rec Nbr:

Financial Nbr:

75213332

Patient Name:

SMITH, SHAULENE N

Client Med Rec Nbr: 4437 Organization:

KH DEGRAFF

Sex:

11/15/1973 DOB:

Patient Location: D-Emergency Rm Physician:

**Medical Record Request** Adm: 02/03/2018

Female

LYNCH, JOSHUA J.DO

## Orders

Dsch: 02/03/2018

## Patient Care

Ø <sub>l</sub> i	ter. Medication Re-Evaluation 15 m	ún .		
	Order Date/Time: 02/03/2018 10:53			
Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Communication Orders		
End-state Date/Time: 02/07/2018 1	6:16	End-state Reason:		
Ordering Physician: System, Syste	em	Consulting Physician:		
Entered & Ele	ctronically Signed By: System, System on 02/03	3/2018 10:53		
	Order Details: 2/3/18 10:53:40 AM EST			
Order Com	ment: Order generated by kh_fn_response_ev	ent_1 rule		
Action Type: Discontinue	Action Date/Time: 02/07/2018 16:16	Action Personnel: System,System		
Order Details: 02/03/18 10:53:40				
	Review Information:			
	Doctor Cosign: Not Required			
	Order Comment:	***************************************		
Action Type: Order	Action Date/Time: 02/03/2018 10:53	Action Personnel: System, System		
Order Details: 02/03/18 10:53:40				
Review Information;				
Nurse Review: Electronically Signed, CZAJA,ALLYSON E RN on 02/03/2018 11:32				
Doctor Cosign: Not Required				
Order Comment; Order generated by kh_fn_response_event_1 rule				

	Order: Saline Lock Insert		
	Order Date/Time: 02/03/2018 10:23		
Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring	
End-state Date/Time: 02/07/2018	End-state Date/Time: 02/07/2018 16:16 End-state Reason:		
Ordering Physician: LYNCH, JOSHU		Consulting Physician:	
Entered & Elect	ronically Signed By: LYNCH, JOSHUA J.DO on 1	02/03/2018 10:23	
	Order Details: 2/3/18 10:23:00 AM EST		
	Order Comment:		
Action Type; Discontinue	Action Date/Time: 02/07/2018 16:16	Action Personnel: System,System	
	Order Details: 02/03/18 10:23:00		
Review Information:			
Doctor Cosign: Not Required			
	Order Comment:		
Action Type: Order	Action Date/Time: 02/03/2018 10:23	: Action Personnel; LYNCH,JOSHUA J.DO	
Order Details: 02/03/18 10:23:00			
Review Information:			
Nurse Review: Electronically Signed, CZAJA,ALLYSON E RN on 02/03/2018 11:32			
Doctor Cosign: Not Required			
Order Comment:			
***************************************			

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## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 286 of 387

**Medical Record Request** 

Med Rec Nbr: 1003295790

75213332 Financial Nbr:

Client Med Rec Nbr: 4437

Adm: 02/03/2018

DOB:

Sex:

11/15/1973

Female

Dsch: 02/03/2018

Ul Nbr: 1003295790

SMITH, SHAULENE N Patient Name:

KH DEGRAFF Organization: Patient Location: **D-Emergency Rm** 

Physician: LYNCH, JOSHUA J.DO

## Orders

# Radiology

<u> </u>			
Order: CT Abd+Pel w IV contra	95 <u>[</u>		
Order Date/Time: 02/03/2018 10:23			
Department Status: Completed Catalog Type: Radiology	Activity Type: Radiology		
End-state Date/Time: 02/03/2018 14:29	End-state Reason:		
Ordering Physician: LYNCH, JOSHUA J.DO	Consulting Physician:		
Entered & Electronically Signed By: LYNCH, JOSHUA J.DO	on 02/03/2018 10:23		
Order Details: Stat, 2/3/18 10:23:00 AM EST, Abdominal Pain, Standard, V	Wheelchair, LYNCH, JOSHUA J. DO		
Order Comment:			
Action Type: Complete Action Date/Time: 02/03/2018 14:29	Action Personnel: NOTINO, ANTHONY G.MD		
Order Details: Stat, 02/03/18 10:23:00, Abdominal Pain, Standard, Wh	eelchair, LYNCH, JOSHUA J. DO		
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change Action Date/Time: 02/03/2018 12:08	Action Personnel: MEDERSKI,SARA Certified		
•	CATT Scan Technologi		
Order Details: Stat, 02/03/18 10:23:00, Abdominal Pain, Standard, Wh	eelchair, LYNCH, JOSHUA J. DO		
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change Action Date/Time: 02/03/2018 12:04	Action Personnel: MEDERSKI,SARA Certified		
THE	CATT Scan Technologi		
Order Details: Stat, 02/03/18 10:23:00, Abdominal Pain, Standard, Who	eeichair, Lyngh, Joshua J. Do		
Review Information:			
Doctor Cosign: Not Required Order Comment:			
	Action Personnel: LYNCH, JOSHUA J.DO		
Action Type: Order Action Date/Time: 02/03/2018 10:23			
Order Details: Stat, 02/03/18 10:23:00, Abdominal Pain, Standard, Wheelchair, LYNCH, JOSHUA J. DO Review Information:			
Nurse Review: Electronically Signed, CZAJA,ALLYSON E RN on 02/03/2018 11:32			
Doctor Cosign: Not Required			
Order Comment:			

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### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 287 of 387

Med Rec Nbr: Financial Nbr: 1003295790 75213332

UI Nbr:

Physician:

1003295790

SMITH, SHAULENE N Patient Name:

Glient Med Rec Nbr: 4437 Organization:

KH DEGRAFF

DOB: Sex:

11/15/1973 Female

Patient Location:

**D-Emergency Rm** LYNCH, JOSHUA J.DO

**Medical Record Request** 

02/03/2018 Adm:

Dsch: 02/03/2018

# Assessment and Screen Forms

Pain Assessment Entered On: 2/3/2018 13:38 Performed On: 2/3/2018 11:04 by CZAJA, ALLYSON E RN

## Intervention Information:

**HYDROmorphone** 

Performed by CZAJA, ALLYSON E RN on 2/3/2018 10:49:00

HYDROmorphone, 1mg IV push, Antecubital Fossa, Left

### Pain Scale

Primary Pain Present: No actual or suspected pain

Primary Preferred Pain Tool: FACES/Numeric rating scale

CZAJA, ALLYSON E RN - 2/3/2018 13:37

## Pain Scale - Preferred Pain Tool Amb

Primary FACES/Numeric Rating at Rest: 0 = No pain Primary FACES/Numeric Rating Activity: 0 = No pain Primary FACES/Numeric Rating Score Rest: 0 Primary FACES/Numeric Rating Score Active: 0

CZAJA, ALLYSON E RN - 2/3/2018 13:37

## Pain Assessment

Location: Other: back, abdomen, left side

Laterality: Left Quality: Aching

Primary Pain Time Pattern: Acute

CZAJA, ALLYSON E RN - 2/3/2018 13:37

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### Document 1-1 Filed 04/20/21 Page 288 of 387 Case 1:21-cv-00530-LJV



**Medical Record Request** 

1003295790 Med Rec Nor: 75213332

Financial Nbr: Client Med Rec Nbr: 4437

DOB: 11/15/1973 Sex: Female

Adm: 02/03/2018

Patient Name:

1003295790

SMITH, SHAULENE N

KH DEGRAFF Patient Location:

D-Emergency Rm

Physician:

Organization:

LYNCH, JOSHUA J.DO

## Event Assessment

Dsch: 02/03/2018

Keropolicoby (67/18/18/18/18/18/18/18/18/18/18/18/18/18/			
ജല്ലാർത് <b>ല</b> െ		0/2/03/210118	
Recorded Time	<u> 15:30</u>	15:00	
Procedure			
Ed-When to Call Health Care Provider	Verbalizes understanding	-	
Ed-Activity Expectations	Verbalizes understanding	-	
ED Nursing Reassessment Completed	#	Yes	
Ed-Diagnostic Results	Verbalizes understanding	-	
Barriers to Learning	None evident		
Teaching Method	Explanation, Printed materials	m	
Ed-Pain Management	Verbalizes understanding		
Primary Pain Present	Yes actual or suspected pain	No actual or suspected pain	
Primary Preferred Pain Tool	FACES/Numeric rating scale	şa.	
Primary FACES/Numeric Rating at Rest	2		
Primary FACES/Numeric Rating Score Rest	2	wa	
Primary FACES/Numeric Rating Activity	4	m	
Primary FACES/Numeric Rating Score Activ	4	, ,	
Primary Pain Location	Back		
Primary Pain Laterality	Upper		
Primary Pain Time Pattern	Acute		
Left Antecubital 20 gauge			
Peripheral IV Activity:	-	Discontinue	
Peripheral IV Site Condition:	-	No complications	
Peripheral IV Dressing:	-	Dry, Intact, Transparent	
Peripheral IV Patency:		No complications	

Recorded By	SGIWARIFANYERNUHELERIFA	DZAJA,ALLAYSION ERN
Recorded Date	02/03/2018	<u>02/03/2/048</u>
Recorded Time	<u>13:00</u>	<u> 12149</u>
<u>Procedure</u>		
Temperature Oral	36.6	-
Respiratory Rate	16	-
Systolic Blood Pressure	142 <sup>H</sup>	- :
Diastolic Blood Pressure	91 H	-
Mean Arterial Pressure, Cuff	108 H	-
Respirations	· · · · · · · · · · · · · · · · · · ·	Unlabored
Respiratory Pattern	-	Regular
Primary Pain Present	#	Yes actual or suspected pain
Primary Acceptable Pain Level	-	D = No pain
Primary Preferred Pain Tool	=	FACES/Numeric rating scale
Primary FACES/Numeric Rating at Rest		6
Primary FACES/Numeric Rating Score Rest	-	6
Primary FACES/Numeric Rating Activity		6
Primary FACES/Numeric Rating Score Activ		6
Primary Pain Location	M	Other: back, abdomen, left side
Primary Pain Laterality	<u> </u>	Left
Primary Pain Quality	±	Aching
Pulse Rate,Peripheral	70	-

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## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 289 of 387

**Medical Record Request** 

Med Rec Nbr: 1003295790 Ut Nbr: 1003295790

Financial Nbr: 75213332 Patient Name:

SMITH, SHAULENE N Client Med Rec Nbr: 4437 Organization: KH DEGRAFF

11/15/1973 Patient Location: **D-Emergency Rm** DOB:

Female Physician: LYNCH, JOSHUA J.DO Sex:

Adm: 02/03/2018 Dsch: 02/03/2018

## Event Assessment

Recorded By		CZZAU/AVALEDYSKONIECKN
Recorded Date	02/03/2018	02/03/2018
Recorded Time	<u>12:00</u>	<u>11:70</u>
<u>Procedure</u>		
ED Nursing Reassessment Completed	Yes	-
GI Symptoms	Nausea	-
Respirations	Unlabored	-
Respiratory Pattern	Regular	-
Primary Pain Present	Yes actual or suspected pain	No actual or suspected pain
Primary Acceptable Pain Level	0 = No pain	-
Primary Preferred Pain Tool	FACES/Numeric rating scale	FACES/Numeric rating scale
Primary FACES/Numeric Rating at Rest	4	0 = No pain
Primary FACES/Numeric Rating Score Rest	4	0
Primary FACES/Numeric Rating Activity	4	0 = No pain
Primary FACES/Numeric Rating Score Activ	4	Ü
Primary Pain Location	Other: back, left side, abdomen	-
Primary Pain Laterality	Left	=
Primary Pain Quality	Aching	-
	Left Antecubital 20 gauge	
Peripheral IV Fluid Infusing:	ns	-
Peripheral IV Activity:	Assess	-
Peripheral IV Site Condition:	No complications	-

Recorded By	CZAJA, ALLYSON E RN	SCHWARTZWYERJULIE L PCA
Recorded Date		02/03/2018
Recorded Time	11:04	<u>11:00</u>
Procedure		
Temperature Oral	-	36.4
Respiratory Rate	-	16
Systolic Blood Pressure	-	126 <sup>H</sup>
Diastolic Blood Pressure	=	64
Mean Arterial Pressure, Cuff	=	85
Primary Pain Present	No actual or suspected pain	-
Primary Preferred Pain Tool	FACES/Numeric rating scale	-
Primary FACES/Numeric Rating at Rest	0 = No pain	-
Primary FACES/Numeric Rating Score Rest	0	-
Primary FACES/Numeric Rating Activity	0 = No pain	-
Primary FACES/Numeric Rating Score Activ	0	-
Primary Pain Location	Other: back, abdomen, left side	-
Primary Pain Laterality	Left	-
Primary Pain Quality	Aching	
Primary Pain Time Pattern	Acute	-
Pulse Rate,Peripheral		62

Recorded By	PZZAVANANIAYISONE R	N CZAJA ALLYSONE.	RN <u>Banks.robin L</u>
Recorded Date	<u>02/03/2018</u>	02/03/2018	<u>02/03/2018</u>
Recorded Time	<u>11:90</u>	<u>10:49</u>	<u>10:23</u>
<u>Procedure</u>			
AST	-	-	15
Albumin Level	-	-	3.8
Bilirubin		-	0.6
BUN	-	-	8
Calcium Level	_	-	10,1

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### Document 1-1 Filed 04/20/21 Page 290 of 387 Case 1:21-cv-00530-LJV

Financial Nbr:

DOB:

Sex:

Female

Patient Name:

Physician:

SMITH, SHAULENE N

Client Med Rec Nbr: 4437

11/15/1973

KH DEGRAFF Organization:

Patient Location: D-Emergency Rm LYNCH, JOSHUA J. DO

**Medical Record Request** 

Adm: 02/03/2018

Dsch: 02/03/2018

### Event Assessment

Recorded 20	ezzanana kakenie en	CZAJA ALLYSONIERN	E/ANKS:ROBINIL
Recorded Date	02/03/2018	02/03/2018	02/08/2014
Resoluted Hime	<u>11:00</u>	<u>10:49</u>	10:23
<u>Procedure</u>			
Chloride	-	-	105
Carbon Dioxide	₩.	-	25
Creatinine	-	-	0.64
Lipase Level			39
Potassium Level	<del>-</del>		4.1
Protein	-	<u>-</u>	7,1
Sodium Level	-	-	137
GFR	-	-	>60 <sup>11</sup>
ALT	→		11
Respirations	Unlabored	-	
Respiratory Pattern	Regular	**	-
Primary Preferred Pain Tool	-	FACES/Numeric rating scale	***
Primary FACES/Numeric Rating at Rest	er	10 = Worst possible pain	*

Recorded By	VIOSCORARIONNIESS	OZANAVALENISON ERIN	SAILEMARIE BRN
Recomes Date	(PARTEIN):	02/03/2018	02/03/2018
Researched time	114 × 3	<u>10:00</u>	09:45
Procedure			
Activity Assistance	*	: <del>-</del>	See Below <sup>11</sup>
Temperature Oral		*	36.9
Respiratory Rate	e name an analysis and an an an an an an an an an an an an an	-	18
SpO2 Monitored,EKG	*		100
Oxygen Therapy	=		Room air
Systolic Blood Pressure	-	-	140 <sup>H</sup>
Diastolic Blood Pressure		-	98 н
Level of Consciousness		=	Alert
Orientation Assessment	pp	- all	Oriented x 4
Hgb	11,54	=	
Hct	35.1	=	=
Platelet	257		
WBC	6.0		-
RBC	4.31	-	
Neut Abs	3.4	= = = = = = = = = = = = = = = = = = =	-
Lymp Abs	1.9	=	86
Mono Abs	0.4	-	and and an analysis of the second sec
Eos Abs	0.2	-	-
Baso Abs	0.0	=	-
GI Symptoms	-	Nausea	*
Travel Within Last 21 Days	rit .	-	No
ID Ebola Screen Close Contact Travel	ets.	=	. No
ID Ebola Screen Close Contact Caregiver	***	=	No
Primary Pain Present	-	=	Yes actual or suspected pain
Primary Preferred Pain Tool	=		FACES/Numeric rating scale
Primary FACES/Numeric Rating at Rest	-	*	10 = Worst possible pain
Primary FACES/Numeric Rating Score Rest	-	=	10
Primary Pain Location		-	Other: back, left side, abd.
Mode of Arrival	el	•	Walked
Pulse Rate, Peripheral	=	40	64
Height/Length Dosing	-	-	154.9
Weight Dosing			67.59

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### Document 1-1 Filed 04/20/21 Page 291 of 387 Case 1:21-cv-00530-LJV

Med Rec Nbr: Financial Nbr: 1003295790

Patient Name:

SMITH, SHAULENE N

Client Med Rec Nbr:

75213332

Organization:

Physician:

KH DEGRAFF

1 A 14 1

DOB:

Sex:

11/15/1973 Female

4437

Patient Location: D-Emergency Rm

LYNCH,JOSHUA J.DO

Medical Record Request

Adm: 02/03/2018

Dsch: 02/03/2018

### Event Assessment

<u>Recorded By</u> Recorded Date	<u>VICTOR BONNIES</u> BYZOSZZOJE	CZAJA ALLYSON E RN 02/03/2018	GAILE,MARIE P RN 02/03/2018
<u>Remodela lime</u>	10/28	<u>10:00</u>	<u>09:45</u>
<u>Procedure</u>			
BSA Dosing	-		1.71
Body Mass Index Dosing	-	-	28.17
Left Antecubital 20 gauge			
Peripheral IV Fluid Infusing:	-	sl	_
Peripheral IV Activity:	-	Start	-
Peripheral IV Number of Attempts:	- m	1	-
Peripheral IV Site Condition:	ud.	No complications	-
Peripheral IV Dressing:	99	Dry, Intact, Transparent	-
Peripheral IV Patency:	-	No complications	

### Textual Results

02/03/2018 09:45 (Activity Assistance) Independent/No Lift Device Applicable

Recorded By	BANKS LISA S Admin Support	GZASJAGASLIVASONI SKIN
Recorded Date	<u>027/08/20518</u>	<u>02/03/2018</u>
Recontlections	<u>09:44</u>	<u>09:00</u>
<u>Procedure</u>		
ED Nursing Reassessment Completed	=	Yes
Ed-Call Light Use, Conventional	-	Verbalizes understanding
Ed-Unit Procedures	-	Verbalizes understanding
Mode of Arrival	Walked	_

### Interpretive Data

i1: **GFR** 

Interpretation of Estimated Glomerular Filtration Rate (eGFR) values (for adults only):

The eGFR is estimated using the abbreviated MDRD Study equation based on creatinine (IDMS calibrated), age, gender and ethnicity. The eGFR is provided as an aid in the assessment of renal function in adults. eGFR for both Mon-African American and African American ethnicities are provided, eGFR >= 60 are reported as > 60.

Chronic kidney disease (CKD) is defined as either kidney damage or eGFR < 60 mL/min/1.73 m2 for >= 3 months. Patients with EGFR values >- 60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present.

Stages of CKD associated with eGFR < 60 mL/min/1.73 m2:

GFR - 30-59 Moderate decrease in GFR Stage 3 GFR = 15-29Severe decrease in GFR Stage 4 GFR = <15Stage 5 Kidney failure

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Patient Name: SMITH, SHAULENE N

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## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 292 of 387

Med Rec Nbr:

1003295790

1003295790

KH DEGRAFF

Financial Nbr:

75213332

Patient Name: Organization:

Physician:

SMITH, SHAULENE N

DOB: Sex:

11/15/1973 Female

Patient Location: D-Emergency Rm

LYNCH, JOSHUA J.DO

**Medical Record Request** 

Adm: 02/03/2018

Client Med Rec Nbr: 4437

Dsch: 02/03/2018

### Education

### General

Recorded By	CZAJA, ALLYSON E.RN	<u>CZAJA ALLYSON E RN</u>
Recorded Date		<u>02/03/2018</u>
Recorded Time		<u>09:00</u>
<u>Procedure</u>		
Ed-Pain Management	Verbalizes understanding	
Ed-Activity Expectations	Verbalizes understanding	=
Ed-Diagnostic Results	Verbalizes understanding	-
Ed-Unit Procedures	<del></del>	Verbalizes understanding
When to Call Health Care Provider	Verbalizes understanding	_

### Skin & Wound

Recorded By C	ZANA ALLYSON E RN
Recorded Date	<u>02/03/2018</u>
<u> हिस्तुन्त्राक्षीनक्षत्रक्षात्रः</u>	<u>15:30</u>
Procedure	
Ed-Pain Management :	Verbalizes understanding

### ADL's/Safety

Peropled 80 - 8	ZAJA ALLYSON ERN
Recorded Date	02/03/2018
	09:00
Recorded Time	USF UTU
rocedure	
abt Use Conventional:	Verbalizes understanding

## Learning Assessment

Secorded By	<u>OZAJA ALLYSON E RN</u>
Recorded Date	
Recorded Time	The state of the s
Propeduce	
Barriers to Learning	None evident
Teaching Method	Explanation, Printed materials

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### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 293 of 387 P

Financial Nbr:

Client Med Rec Nbr:

75213332

Patient Name:

SMITH, SHAULENE N

Organization:

KH DEGRAFF

DOB:

11/15/1973 Female

4437

Patient Location: Physician:

D-Emergency Rm LYNCH, JOSHUA J.DO

**Medical Record Request** 

Sex: Adm: 02/03/2018

Dsch: 02/03/2018

## Measurements

<u>Recorded By</u>	eriesimanis irin	ŝ ŝ	
Recorded Date	02/03/2018		
Recorded Time	09:45	X	
<u>Procedure</u>		Units	Reference Range
Height/Length Dosing	154.9	cm	
Weight Dosing	67.59	kg	
BSA Dosing	1.71	m2	
Body Mass Index Dosing	28.17	kg/m2	
Inches	<b>5</b> 1	in	
Lbs	149	lb	

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## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 294 of 387



Medical Record Request

Med Rec Nbr: 1003295790 UI Nbr: 1003295790

Financial Nbr: 75213332 Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr.4437Organization:KH DEGRAFFDOB:11/15/1973Patient Location:D-Emergency RmSex:FemalePhysician:LYNCH, JOSHUA J.DO

Adm: 02/03/2018 Dsch: 02/03/2018

## Vital Signs

\$समग्रहासः <u>३</u> ९%	SCHWARTZMYER JULE L PCA		
Recorded Date	<u>02/03/2018</u>		
Recorded Time	<u>13:00</u>		
Procedure		<u>Units</u>	Reference Range
Temperature Oral	36.6	degC	[35.8-37.3]
Pulse Rate, Peripheral	70	bpm	[60-100]
Systolic Blood Pressure	142 <sup>H</sup>	mmHg	[90-120]
Diastolic Blood Pressure	91 H	mmHg	[50-80]
Mean Arterial Pressure, Cuff	108 <sup>n</sup>	mmHg	[63-93]
Respiratory Rate	16	BR/min	[12-24]

Recorded By	SCHWARTZMYER JULIE L. P.CA	GAILE MARIE P.RN		
Recorded Date	<u>92/03/2018</u>	<u>02/03/2018</u>		
Recorded Time	<u>11:00</u>	<u>09:45</u>		***********************
<u>Procedure</u>			Units	Reference Range
Temperature Oral	36.4	36.9	degC	[35.8-37.3]
Pulse Rate,Peripheral	62	64	bpm	[60-100]
Systolic Blood Pressure	126 <sup>H</sup>	140 <sup>H</sup>	mmHg	[90-120]
Diastolic Blood Pressure	64	98 н	mmHg	[50-80]
Mean Arterial Pressure,Cuff	85	-	mmHg	[63-93]
SpO2 Monitored,EKG	-	100	%	[92-100]
Respiratory Rate	16	18	BR/min	[12-24]

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### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21/2: Page 295:267

Financial Nbr.

75213332

Patient Name:

SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization:

KH DEGRAFF

DOB: Sex:

11/15/1973 Female

Patient Location: Physician:

**D-Emergency Rm** LYNCH,JOSHUA J.DO

**Medical Record Request** 

Adm: 02/03/2018 Dsch: 02/03/2018

Pain

### Pain Assessment

Recorded By Recorded Date	CZAJA ALLYSON E RN 02/03/2018	CZAJA, ALLYSON E RN 02/03/2018
Recorded Time		15:00
Procedure		
Primary Pain Present	Yes actual or suspected pain	No actual or suspected pain
Primary Preferred Pain Tool	FACES/Numeric rating scale	*
Primary FACES/Numeric Rating at Rest	2	-
Primary FACES/Numeric Rating Score Rest	2	-
Primary FACES/Numeric Rating Activity	4	_
Primary FACES/Numeric Rating Score Activ	4	-
Primary Pain Location	Back	
Primary Pain Laterality	Upper	
Primary Pain Time Pattern	Acute	-

<u>Recorded By</u> Recorded Date	CZAJA, ALLYSON E RN 02/03/2018	CZAJA ALLYSON E RN 02/03/2018
Recorded Time		<u>12:00</u>
<u>Procedure</u>		
Primary Pain Present	Yes actual or suspected pain	Yes actual or suspected pain
Primary Acceptable Pain Level	0 = No pain	0 = No pain
Primary Preferred Pain Tool	FACES/Numeric rating scale	FACES/Numeric rating scale
Primary FACES/Numeric Rating at Rest	6	4
Primary FACES/Numeric Rating Score Rest	6	4
Primary FACES/Numeric Rating Activity	6	4
Primary FACES/Numeric Rating Score Activ	6	4
Primary Pain Location	Other: back, abdomen, left side	Other: back, left side, abdoman
Primary Pain Laterality	Left	Left
Primary Pain Quality	Aching	Aching

Recorded By Recorded Date	CZAJA,ALLYSON E RN 02/03/2018	CZAJA, ALLYSON E RN 02/03/2018
Recorded Time		<u>11:04</u>
<u>Procedure</u>		
Primary Pain Present	No actual or suspected pain	No actual or suspected pain
Primary Preferred Pain Tool	FACES/Numeric rating scale	FACES/Numeric rating scale
Primary FACES/Numeric Rating at Rest	0 = No pain	0 = No pain
Primary FACES/Numeric Rating Score Rest	0	0
Primary FACES/Numeric Rating Activity	0 = No pain	0 = No pain
Primary FACES/Numeric Rating Score Activ	0	0
Primary Pain Location		Other: back, abdomen, left side
Primary Pain Laterality	wa	Left
Primary Pain Quality		Aching
Primary Pain Time Pattern	Ang.	Acute

Recorded By Recorded Date Recorded Time Procedure Primary Pain Present	02/03/2018 10:49	GAILEMARIE PRN 02/03/2018 09:45 Yes actual or suspected pain
Primary Preferred Pain Tool	FACES/Numeric rating scale	FACES/Numeric rating scale

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#### Document 1-1 Filed 04/20/21 Page 296 of 387 Case 1:21-cv-00530-LJV

Med Rec Nbr: Financial Nbr:

1003295790 75213332

Physician:

1003295790

Patient Name:

SMITH, SHAULENE N

Organization:

KH DEGRAFF

Client Med Rec Nbr: 4437 DOB:

11/15/1973

Patient Location: D-Emergency Rm

LYNCH,JOSHUA J.DO

**Medical Record Request** 

Sex: Adm: 02/03/2018

Female

Dsch: 02/03/2018

## Pain

### Pain Assessment

Recorded By	CZAJA, ALLYSON E RN	GAILE MARIE P.RN
Recorded Date	<u>02/03/2018</u>	<u>02/03/2018</u>
Recorded Time	<u>10:49</u>	<u>09:45</u>
<u>Procedure</u>		
Primary FACES/Numeric Rating at Rest	10 = Worst possible pain	10 = Worst possible pain
Primary FACES/Numeric Rating Score Rest	-	10
Primary Pain Location	-	Other: back, left side, abd.

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### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 297 of 387



Patient Name:

SMITH, SHAULENE N

KH DEGRAFF

Organization:

DOB:

11/15/1973

Patient Location: D-Emergency Rm

Sex:

Female

4437

Physician:

LYNCH, JOSHUA J.DO

**Medical Record Request** 

Adm: 02/03/2018

Client Med Rec Nbr.

Dsch: 02/03/2018

## Respiratory

### Respiratory Assessment

Recorded By	CZAJA, ALLYSON E RN	CZAJA ALLYSON E RN	CZAJA,ALLYSON E RN
Recorded Date	<u>02/03/2018</u>	02/03/2018	02/03/2018
Recorded Time	<u>12:42</u>	<u>12:00</u>	<u>11:00</u>
<u>Procedure</u>			
Respirations	Unlabored	Unlabored	Unlabored
Respiratory Pattern	Regular	Regular	Regular

Recorded By	GAILE MARIE P RN
Resolded Date	02/03/2018
Recorded Time	<u>09:45</u>
<u>Procedure</u>	
Oxygen Therapy	Room air

### **Ventilator**

Recorde	d By GAI	LE,MARIE I	P RN
Recorded	Date	02/03/2018	
Recorded	<u>lime</u>	<u>09:45</u>	
Procedur	EV.C	400	
SpO2 Monitored,	EKG:	100	

Printed: 03/02/2018 14:49

Patient Name: SMITH, SHAULENE N

### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 298 of 387

Medical Record Request

GI Symptoms

Med Rec Nbr:

1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB:

Sex:

11/15/1973

Female

Adm: 02/03/2018

Dsch: 02/03/2018

Ul Nbr:

Physician:

1003295790

Patient Name:

SMITH, SHAULENE N

Organization:

KH DEGRAFF

**D-Emergency Rm** Patient Location:

LYNCH, JOSHUA J.DO

**Gastro**intestinal

**Gastrointestinal Assessment** 

67/48/49/418 BY GNOINE SERVI 

इस्ट्राइस्ट्राइस्ट्राइस्ट्राइस्ट्राइस्ट्राइस्ट्राइस्ट्राइस्ट्राइस्ट्राइस्ट्राइस्ट्राइस्ट्राइस्ट्राइस्ट्राइस्ट्र स्टामग्रहस्थित Referre Committee

0///2////// 12.00

Nausea

(19/08/2016 ((),()))

Nausea

emils. सिन्द्रामध्याप्रस्थात्वारा

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Patient Name: SMITH, SHAULENE N

169103478

Master Report Template

Date: 03/01/18

Lynne Ross, M.D., P.C.

Name: Shaulene N Smith

DOB: 11/15/1973 Sex: F Age: 44 yrs Acct#: 4437

### PHQ2-Over the last 2 weeks, how often have you been bothered by any of the following problems?

		Not at all	Several Days	More than haif the days	Nearly every day
1.	Little interest or pleasure in doing things		Ø		a ·
2.	Feeling down, depressed, or hopeless	Ø			
				Total: 0	

HPI: Follow-up. 44 yo female presents today for work note

pt still has pain in her back that radiates to the left side with some burning sensation and travels, with difficultly sleep be the pain radiates to her hip.

some depression from the pain that she wants to activities and at times just can't plus she wants to go back to work.

#### ROS:

### Meds Prior to Visit:

Gabapentin 100 mg take 1 capsule by mouth at bedtimes as needed for nerve pain Cyclobenzaprine HCL 5 mg take 1 tablet by mouth 3 times per day as needed for muscle spasm Naproxen DR 500 mg Take 1 tablet by mouth 2 times per day Losartan Potassium 25 mg take 1 tablet by mouth daily for high blood pressure Flonase Allergy Rellef 50 mcg/Act 1-2 sprays per nare per day

Allergies: NKDA

Problem List: Iron deficiency anemia, Headache, Neck pain, Body mass index 30+ - obesity

Health Maintenance: CBC - (2/3/2018) CMP - (2/3/2018) Vit D - (3/17/2017) 15 FLP - (11/15/2017) TSH - (11/15/2017) Urinalysis - (11/15/2017) B 12 - (3/17/2017)

Flu Shot - (9/2016) at pharmacy Physical Exam - (8/9/2016)

HgbA1C - (3/17/2017) 5.6 Mammogram - (1/16/2018)

Surgical Hx:

uterine biopsy

cyst removal right wrist - x2

Exploratory Laparotomy, Dilation & Curettage

OB/Gyn Hx:Gravidity: (4)Parity: Full term (3), one miscarriage

Reviewed, no changes.

FH:

Father:

Diabetes. Deceased due to Unknown Causes - (age 57 Years).

Stroke, Hypertension. Deceased due to Unknown Causes - (age 78 Years).

Siblings:9.

Brother 1:

Alive and well - (age 46 Years).

Brother 2:

Diabetes - (age 45 Years).

### Shaulene N Smith DOB 11/15/1973 LYNNE ROSS, M.D., P.C.

Page #2

Sister 1:

Alive and well.

Sister 2:

Alive and well, Hypertension. Deceased due to Breast Cancer.

Sister 3:

Alive and well, Diabetes, Deceased due to Leukemia,

Sister 4:

Alive and well, Diabetes.

Sister 5:

Hypertension, Alive And Well.

Sister 6:

Alive and well.

Reviewed, no changes.

SH:

Marital: Single.Lives With: Children.Pets: 1 dog.Occupation: stay at home Mom.Work Status: Unemployed. Diet: Adequate diet. Sleep: Reports normal sleep activity, Typically sleeps 5 hours a night,

Personal Habits: Smoking: Patient has never smoked Alcohol: Denies alcohol use Drug Use: Denies Drug

Use. Daily Caffeine: Consumes on average 2 cups of hot tea per day. Exercise Type: Does not

exercise. Tattoo/Piercing: Tattoo, Pierced ears.

Reviewed, no changes. Date: 02/28/2018

Was the patient queried about smoking behavior? ☐ Yes ☐ No

Does the patient currently smoke? Smoking: Patient has never smoked.

Wt: 159lb 6oz Wt Prior: 159lb 2oz as of 02/08/18 Wt Dif: +0lb 4.0oz Ht: 60" 5'0" BP: 146/104 Pulse:

92 Resp: 16 O2SatR: 99 IBW: 100 BMI: 31.1

Const: Appears well developed and well nourished. No signs of acute distress present.

Head/Face: Atraumatic, normocephalic on inspection.

Neck: Supple. No masses appreciated. Trachea midline. No jugular venous distention.

Resp: Respiration rate is normal. No wheezing. Clear to auscultation bilaterally. No rales or rhonchi

appreciated over the lungs bilaterally.

CV: Rate is regular. Rhythm is regular. S1 is normal. S2 is normal. No gallop or rubs. No heart murmur appreciated. Extremities: No clubbing or cyanosis. No edema of lower limbs bilaterally. Neuro: Alert and oriented x3. Awake. Speech is fluent with no aphasia. Upper Extremities: motor strength is 5/5 bilaterally. Lower Extremities: motor strength is 5/5 bilaterally.

Cranial Nerves: Cranial nerves II-XII grossly intact.

Psych: Mood/Affect: Mood is normal. Cognition: Knowledge and vocabulary are consistent with education. Risk Assessment: Suicidality: None. Homicidality: None. Dangerousness: None, others and self.

Assessment #1: M54.9 Dorsalgia, unspecified

Care Plan:

Comments : Acute.

> gave neurosurgery cards to f/u will do disability paper work pt needs a RTW note

flector patch given from the office will let office know if they help with the pain

Med New

: Medrol 4 ma

take 6 today, 5 second day, 4 on third

day, 3 fourth day, 2 on fifth day, 1 on sixth day

Correspond's

: Excuse From Work, Return To Work

Assessment #2: Z68.31 Body mass index (BMI) 31.0-31.9, adult

Care Plan:

Shaulene N Smith DOB 11/15/1973 LYNNE ROSS, M.D., P.C.

Page #3

Comments

: D&E

Plan Other:

Comments

: D&E

Correspond's

: Excuse From Work, Return To Work

BMI: 31.1

Updated plan of care and medications reviewed and reconciled with patient, taking into consideration patient's preferences, potential barriers assessed and addressed as needed, health literacy assessed, and patient verbalized understanding of plan of care.

Deborat FALKSHIP AL

DeborahBush, FNP-BC

Seen by: Electronically signed by Deborah Bush, FNP on 03/01/2018 at 9:21 am

Lynne Ross, M.D.

Electronically signed by Lynne Ross, M.D., P.C. on 03/01/2018

### Lynne Ross, M.D., P.C.

43 Niagara Street
N. Tonawanda, NY 14120-6115

(716)-690-2001

## Clinical Visit Summary of Today's Visit

02/08/2018 Visit with DEBORAH BUSH, FNP

Shaulene N Smith

DOB: 11/15/1973 Sex: F Race: Black / African American Ethnicity: Not Hispanic / Latino Preferred Language: English

Vitals

Wt: 159lb 2oz Ht: 60" BP: 130/80 Pulse: 70 Resp: 16 O2SatR: 99 IBW: 100 BMI: 31.1

Today's Diagnosis

Dorsalgia, unspecified (M54.9) Body mass index (BMI) 31.0-31.9, adult (Z68.31)

**Problem List** 

Body mass index 30+ - obesity Neck pain Headache Iron deficiency anemia

**Allergies** 

No Known Drug Allergy

Medications

New

DEBORAH BUSH, FNP

Gabapentin: 100 mg, take 1 capsule by mouth at bedtimes as needed for nerve pain (M54.9)

Cyclobenzaprine HCL: 5 mg, take 1 tablet by mouth 3 times per day as needed for muscle spasm (M54.9)

Naproxen DR: 500 mg, take 1 tablet by mouth 2 times per day (M54.9)

Continue

DEBORAH BUSH, FNP

Flonase Allergy Relief: 50 mcg/Act, 1-2 sprays per nare per day (H69.90)

ERIN VOGL, PA-C

Losartan Potassium: 25 mg, take 1 tablet by mouth daily for high blood pressure (110)

Discontinue

DEBORAH BUSH, FNP

Vitamin D (Ergocalciferol): 50000 Unit, take 1 capsule by mouth weekly for vitamin d deficiency

Ferrous Sulfate: 325 (65 Fe) MG, 1 by mouth twice a day

Unspecified Prescriber

Medroxyprogesterone Acetate: 10 mg, 1 by mouth every day

Comments

Dorsalgia, unspecified (M54.9)

Acute.

Shaulene N Smith DOB 11/15/1973

Page #2

pt will be out of work for the next few weeks will give note when she needs to go back to work went to the ER T 12 mild compression fracture D&E

**Future Appointments** 

03/01/18 Thr 8:40a Loc: 1 BUSH, DEBORAH, FNP

Loc: 1 Lynne Ross, M.D., P.C. Lynne Ross, M.D., P.C. 43 NIAGARA STREET N. Tonawanda, NY 14120-6115

Phone: (716)-690-2001 Fax: (716)-690-2239

**Smoking Status** 

Smoking: Patient has never smoked.

Today's Payment Type:

Today's Payment Amount: 0.00

### Integrated Patient Education – Medication Leaflets

Read this medicine information sheet carefully each time you get this medicine filled. You must carefully read the "Consumer Information Use and Disclaimer" below in order to understand and correctly use this information. This information is for FEMALE patients only. It does NOT include important information for MALE patients.

## Gabapentin Capsules

Pronunciation (GAB a PEN tin) Brand Names: US Neurontin. Product Dispensed: GABAPENTIN

### What is this drug used for?

- · It is used to treat seizures.
- · It is used to treat painful nerve diseases.
- It may be given to you for other reasons. Talk with the doctor.

# What do I need to tell my doctor BEFORE I take this

- If you have an allergy to gabapentin or any other part of this drug.
- · If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other
- If you have kidney disease or are on dialysis.

This is not a list of all drugs or health problems that interact with this drug.

Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

### What are some things I need to know or do while I take this drug?

- Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists.
- · Avoid driving and doing other tasks or actions that call for you to be alert until you see how this drug affects you.
- This drug may affect certain lab tests. Tell all of your health care providers and lab workers that you take this drug.
- Have blood work checked as you have been told by the doctor. Talk with the doctor.
- · Talk with your doctor before you drink alcohol or use actions.

- This drug is not the same as gabapentin enacarbil (Horizant™). Do not use in its place. Talk with the doctor.
- A very bad and sometimes deadly reaction has happened with this drug. Most of the time, this reaction has signs like fever, rash, or swollen glands with problems in body organs like the liver, kidney, blood, heart, muscles and joints, or lungs. Talk with the
- · Do not stop taking this drug all of a sudden without calling your doctor. You may have a greater risk of side effects. If you need to stop this drug, you will want to slowly stop it as ordered by your doctor.
- If you are 65 or older, use this drug with care. You could have more side effects.
- Use with care in children. Talk with the doctor.
- · Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant.
- Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

### What are some side effects that I need to call my doctor about right away?

WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect:

- · Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.
- Signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes.
- Signs of kidney problems like unable to pass urine, change in how much urine is passed, blood in the urine, or a big weight gain.
- Memory problems or loss.
- · Feeling confused.

## Integrated Patient Education – Medication Leaflets

- · Shakiness.
- Shortness of breath, a big weight gain, or swelling in the arms or legs.
- · Feeling very tired or weak.
- · Not able to control eye movements.
- Twitching.
- If seizures are worse or not the same after starting this drug.
- · Any unexplained bruising or bleeding.
- Swollen gland.
- · Fever or chills.
- · Sore throat.
- · Muscle pain or weakness.
- · Change in balance.
- · Trouble speaking.
- · Not able to focus.
- · Very bad dizziness or passing out.
- Patients who take this drug may be at a greater risk of having thoughts or actions of suicide. The risk may be greater in people who have had these thoughts or actions in the past. Call the doctor right away if signs like low mood (depression), nervousness, restlessness, grouchiness, panic attacks, or changes in mood or actions are new or worse. Call the doctor right away if any thoughts or actions of suicide occur.

### What are some other side effects of this drug?

All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away:

- · Dizziness.
- Feeling sleepy.
- · Upset stomach or throwing up.
- · Loose stools (diarrhea).
- · Dry mouth.
- Feeling tired or weak.

These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects.

You may report side effects to the FDA at 1-800-FDA-1088. You may also report side effects at http://www.fda.gov/medwatch.

# How is this drug best taken?

Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely.

- Keep taking this drug as you have been told by your doctor or other health care provider, even if you feel well.
- · To gain the most benefit, do not miss doses.
- Do not take antacids within 2 hours before or 2 hours after taking this drug.
- Take with or without food. Take with food if it causes an upset stomach.
- Swallow whole with a full glass of water.

### What do I do if I miss a dose?

- · Take a missed dose as soon as you think about it.
- If it is close to the time for your next dose, skip the missed dose and go back to your normal time.
- · Do not take 2 doses at the same time or extra doses.

### How do I store and/or throw out this drug?

- · Store at room temperature.
- · Store in a dry place. Do not store in a bathroom.
- Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets.
- Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs.
   There may be drug take-back programs in your area.

### General drug facts

- If your symptoms or health problems do not get better or if they become worse, call your doctor.
- Do not share your drugs with others and do not take anyone else's drugs.
- Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor.
- Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins.
- This drug comes with an extra patient fact sheet called a Medication Guide. Read it with care. Read it again each time this drug is refilled. If you have any questions about this drug, please talk with the doctor, pharmacist, or other health care provider.
- If you think there has been an overdose, call your
  poison control center or get medical care right away.
   Be ready to tell or show what was taken, how much, and when it happened.

## Integrated Patient Education – Medication Leaflets

## Consumer Information Use and Disclaimer

This information should not be used to decide whether or not to take this medicine or any other medicine. Only the healthcare provider has the knowledge and training to decide which medicines are right for a specific patient. This information does not endorse any medicine as safe, effective, or approved for treating any patient or health condition. This is only a brief summary of general information about this medicine. It does NOT include all information about the possible uses, directions, warnings, precautions, interactions, adverse effects, or risks that may apply to this medicine. This information is not specific medical advice and does not replace information you receive from the healthcare provider. You must talk with the healthcare provider for complete information about the risks and benefits of using this medicine.

Issue Date: January 31, 2018
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## Integrated Patient Education - Medication Leaflets

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## Cyclobenzaprine Tablets

Pronunciation (SYE kloe BEN za preen)

Brand Names: US Flexeril.

Product Dispensed: CYCLOBENZAPRINE HCL

### What is this drug used for?

- It is used to calm muscles.
- This drug is used with rest, PT (physical therapy), pain drugs, and other therapies.

# What do I need to tell my doctor BEFORE I take this drug?

- If you have an allergy to cyclobenzaprine or any other part of this drug.
- If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs.
- If you have any of these health problems: Heart block or other heartbeat that is not normal, heart failure (weak heart), liver disease, or an overactive thyroid gland.
- If you have had a recent heart attack.
- If you have taken certain drugs used for low mood (depression) like isocarboxazid, phenelzine, or tranylcypromine or drugs used for Parkinson's disease like selegiline or rasagiline in the last 14 days. Taking this drug within 14 days of those drugs can cause very bad high blood pressure.

This is not a list of all drugs or health problems that interact with this drug.

Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

# What are some things I need to know or do while I take this drug?

- Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists.
- Avoid driving and doing other tasks or actions that call for you to be alert until you see how this drug affects you.

- To lower the chance of feeling dizzy or passing out, rise slowly if you have been sitting or lying down. Be careful going up and down stairs.
- Be careful in hot weather or while being active. Drink lots of fluids to stop fluid loss.
- Talk with your doctor before you drink alcohol or use other drugs and natural products that slow your actions.
- Do not take this drug for longer than you were told by your doctor.
- Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant.
- Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.
- If you are 65 or older, use this drug with care. You could have more side effects.

# What are some side effects that I need to call my doctor about right away?

WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect:

- Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.
- Feeling very tired or weak.
- Not sweating during activities or in warm temperatures.
- · A fast heartbeat.
- · A heartbeat that does not feel normal.
- A very bad and sometimes deadly health problem called serotonin syndrome may happen if you take this drug with drugs for depression, migraines, or certain other drugs. Call your doctor right away if you have agitation; change in balance; confusion; hallucinations; fever; fast or abnormal heartbeat; flushing; muscle twitching er stiffness; seizures; shivering or shaking; sweating aloi, very bad diarrhea; upset stomach, or throwing up; or very bad headache.

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### What are some other side effects of this drug?

All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away:

- · Feeling sleepy.
- · Dizziness.
- Dry mouth.
- · Feeling tired or weak.
- Hard stools (constipation).
- · Upset stomach.

These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects.

You may report side effects to the FDA at 1-800-FDA-1088. You may also report side effects at http://www.fda.gov/medwatch.

### How is this drug best taken?

Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely.

· Take with or without food.

### What do I do if I miss a dose?

- If you take this drug on a regular basis, take a missed dose as soon as you think about it.
- If it is close to the time for your next dose, skip the missed dose and go back to your normal time.
- Do not take 2 doses at the same time or extra doses.
- Many times this drug is taken on an as needed basis.
   Do not take more often than told by the doctor.

### How do I store and/or throw out this drug?

- Store at room temperature.
- · Store in a dry place. Do not store in a bathroom.
- Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets.
- Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs.
   There may be drug take-back programs in your area.

- Do not share your drugs with others and do not take anyone else's drugs.
- Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor.
- Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins.
- Some drugs may have another patient information leaflet. Check with your pharmacist. If you have any questions about this drug, please talk with your doctor, nurse, pharmacist, or other health care provider.
- If you think there has been an overdose, call your poison control center or get medical care right away.
   Be ready to tell or show what was taken, how much, and when it happened.

### Consumer Information Use and Disclaimer

This information should not be used to decide whether or not to take this medicine or any other medicine. Only the healthcare provider has the knowledge and training to decide which medicines are right for a specific patient. This information does not endorse any medicine as safe, effective, or approved for treating any patient or health condition. This is only a brief summary of general information about this medicine. It does NOT include all information about the possible uses, directions, warnings, precautions, interactions, adverse effects, or risks that may apply to this medicine. This information is not specific medical advice and does not replace information you receive from the healthcare provider. You must talk with the healthcare provider for complete information about the risks and benefits of using this medicine.

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### General drug facts

 If your symptoms or health problems do not get better or if they become worse, call your doctor. Read this medicine information sheet carefully each time you get this medicine filled. You must carefully read the "Consumer Information Use and Disclaimer" below in order to understand and correctly use this information. This information is for FEMALE patients only. It does NOT include important information for MALE patients.

## Naproxen Enteric-Coated and Sustained-Release Tablets

Pronunciation (na PROX en)
Brand Names: US EC-Naprosyn.
Product Dispensed: NAPROXEN DR

### Warning

- This drug may raise the chance of heart and blood vessel side effects like heart attack and stroke. If these happen, they can be deadly. The risk of these side effects may be greater if you have heart disease or risks for heart disease. However, the risk may also be raised in people who do not have heart disease or risks for heart disease. The risk of these health problems can happen as soon as the first weeks of using this drug and may be greater with higher doses or with long-term use. Do not use this drug right before or after bypass heart surgery.
- This drug may raise the chance of very bad and sometimes deadly stomach or bowel side effects like ulcers or bleeding. The risk is greater in older people. The risk is also greater in people who have had stomach or bowel ulcers or bleeding before. These problems may occur without warning signs. Talk with the doctor.

### What is this drug used for?

- · It is used to ease pain, swelling, and fever.
- It is used to ease painful period (menstrual) cycles.
- · It is used to treat arthritis.
- · It is used to treat ankylosing spondylitis.
- · It is used to treat gout attacks.
- It may be given to you for other reasons. Talk with the doctor.

# What do I need to tell my doctor BEFORE I take this drug?

- If you have an allergy to naproxen or any other part of this drug.
- · If you have an allergy to aspirin or NSAIDs.
- If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs.
  - If you have any of these health problems: GI (gastrointestinal) bleeding or kidney problems.

- If you are having trouble getting pregnant or you are having your fertility checked.
- If you are pregnant or may be pregnant. Do not take
  this drug if you are in the third trimester of pregnancy.
  You may also need to avoid this drug at other times
  during pregnancy. Talk with your doctor to see when
  you need to avoid taking this drug during pregnancy.
- If you are taking any of these drugs: Antacids, cholestyramine, cimetidine, famotidine, nizatidine, ranitidine, or sucralfate.
- If you are taking any other NSAID.
- If you are taking a salicylate drug like aspirin.
- · If you are taking pemetrexed.

This is not a list of all drugs or health problems that interact with this drug.

Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

# What are some things I need to know or do while I take this drug?

- Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists.
- Have your blood work checked if you are on this drug for a long time. Talk with your doctor.
- This drug may affect certain lab tests. Tell all of your health care providers and lab workers that you take this drug.
- High blood pressure has happened with drugs like this one. Have your blood pressure checked as you have been told by your doctor.
- Talk with your doctor before you drink alcohol.
- · If you smoke, talk with your doctor.
- Do not take more than what your doctor told you to take. Taking more than you are told may raise your chance of very bad side effects.
- Do not take this drug for longer than you were told by your doctor.
- · If you have asthma, talk with your doctor. You may be

more sensitive to this drug.

- You may bleed more easily. Be careful and avoid injury. Use a soft toothbrush and an electric razor.
- The chance of heart failure is raised with the use of drugs like this one. In people who already have heart failure, the chance of heart attack, having to go to the hospital for heart failure, and death is raised. Talk with the doctor.
- The chance of heart attack and heart-related death is raised in people taking drugs like this one after a recent heart attack. People taking drugs like this one after a first heart attack were also more likely to die in the year after the heart attack compared with people not taking drugs like this one. Talk with the doctor.
- · If you are taking aspirin to help prevent a heart attack, talk with your doctor.
- If you are on a low-sodium or sodium-free diet, talk with your doctor. Some of these products have sodium.
- Do not switch brands or types of this drug (like tablets, liquid) unless you talk with the doctor. They may not work the same.
- This drug may affect how much of some other drugs are in your body. If you are taking other drugs, talk with your doctor. You may need to have your blood work checked more closely while taking this drug with your other drugs.
- · Liver problems have happened with drugs like this one. Sometimes, this has been deadly. Call your doctor right away if you have signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes.
- · If you are 60 or older, use this drug with care. You could have more side effects.
- · NSAIDs like this drug may affect egg release (ovulation) in women. This may cause you to not be able to get pregnant. This goes back to normal when this drug is stopped. Talk with your doctor.
- This drug may cause harm to the unborn baby if you take it while you are pregnant. If you are pregnant or you get pregnant while taking this drug, call your doctor right away.
- Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

### What are some side effects that I need to call my doctor about right away?

WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or

symptoms that may be related to a very bad side effect:

- Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.
- Signs of bleeding like throwing up blood or throw up that looks like coffee grounds; coughing up blood; blood in the urine; black, red, or tarry stools; bleeding from the gums; vaginal bleeding that is not normal; bruises without a reason or that get bigger; or any bleeding that is very bad or that you cannot stop.
- Signs of kidney problems like unable to pass urine, change in how much urine is passed, blood in the urine, or a big weight gain.
- Signs of high potassium levels like a heartbeat that does not feel normal; feeling confused; feeling weak, lightheaded, or dizzy; feeling like passing out; numbness or tingling; or shortness of breath.
- Signs of high blood pressure like very bad headache or dizziness, passing out, or change in eyesight.
- Shortness of breath, a big weight gain, or swelling in the arms or legs.
- Chest pain or pressure or a fast heartbeat.
- Weakness on 1 side of the body, trouble speaking or thinking, change in balance, drooping on one side of the face, or blurred eyesight.
- Feeling very tired or weak.
- Ringing in ears.
- Mood changes.
- Low mood (depression).
- Very bad belly pain.
- Very bad back pain,
- A very bad skin reaction (Stevens-Johnson) syndrome/toxic epidermal necrolysis) may happen. It can cause very bad health problems that may not go away, and sometimes death. Get medical help right away if you have signs like red, swollen, blistered, or peeling skin (with or without fever); red or irritated eyes; or sores in your mouth, throat, nose, or eyes.

### What are some other side effects of this drug?

All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away:

- Headache.
- · Belly pain or heartburn.

## Integrated Patient Education - Medication Leaflets

- Upset stomach or throwing up.
- · Loose stools (diarrhea).
- Hard stools (constipation).
- · Gas.
- Dizziness.
- · Feeling sleepy.

These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects.

You may report side effects to the FDA at 1-800-FDA-1088. You may also report side effects at http://www.fda.gov/medwatch.

### How is this drug best taken?

Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely.

- Take with or without food. Take with food if it causes an upset stomach.
- · Take with a full glass of water.
- · Swallow whole. Do not chew, break, or crush.

### What do I do if I miss a dose?

- If you take this drug on a regular basis, take a missed dose as soon as you think about it.
- If it is close to the time for your next dose, skip the missed dose and go back to your normal time.
- Do not take 2 doses at the same time or extra doses.
- Many times this drug is taken on an as needed basis.
   Do not take more often than told by the doctor.

### How do I store and/or throw out this drug?

- · Store at room temperature.
- · Protect from light.
- · Store in a dry place. Do not store in a bathroom.
- Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets.
- Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs.
   There may be drug take-back programs in your area.

### anyone else's drugs.

- Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor.
- Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins.
- This drug comes with an extra patient fact sheet called a Medication Guide. Read it with care. Read it again each time this drug is refilled. If you have any questions about this drug, please talk with the doctor, pharmacist, or other health care provider.
- If you think there has been an overdose, call your poison control center or get medical care right away.
   Be ready to tell or show what was taken, how much, and when it happened.

## Consumer Information Use and Disclaimer

This information should not be used to decide whether or not to take this medicine or any other medicine. Only the healthcare provider has the knowledge and training to decide which medicines are right for a specific patient. This information does not endorse any medicine as safe, effective, or approved for treating any patient or health condition. This is only a brief summary of general information about this medicine. It does NOT include all information about the possible uses, directions, warnings, precautions, interactions, adverse effects, or risks that may apply to this medicine. This information is not specific medical advice and does not replace information you receive from the healthcare provider. You must talk with the healthcare provider for complete information about the risks and benefits of using this medicine.

Issue Date: January 31, 2018
Database Edition 18.1.3.004
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Control of the second of the s

### General drug facts

- If your symptoms or health problems do not get better or if they become worse, call your doctor.
- · Do not share your drugs with others and do not take

# MILLARD FILLMORE HOSPITAL

Name: SHAULENE N SMITH

Admission Date: 09/06/2018 08:11

Ordering Provider: Jonathan P. Rilev

DOB: 11/15/1973 Age: 44 Location: KH SUBURBAN

MR#: 1003295790

Patient Type: Clini

### KALEIDA HEALTH

Millard Fillmore Suburban Hospital 1540 Maple Rd

Williamsville NY 14221 (716)-568-3600 MRI Brain imaging w + w/o contrast

MRI Brain imaging w + w/o contrast

Exam Date/Time: 09/06/2018 09:30 Accession Number: MR-18-0018651 Reason For Exam: cerv disc disorder

INDICATIONS: Numbness in the fingers and toes greater on the left

TECHNIQUE: Multiplanar MR imaging of the brain employing various different pulse sequences including postcontrast axial and sagittal T1 W images following the IV administration of 14mL of Omniscan contrast media.

COMPARISONS: No prior studies

### FINDINGS:

The ventricles, cisterns and sulci are commensurate with patient's stated age.

White matter tracts are within normal limits.

No focal areas of restricted effusion to suggest acute infarction.

There are no mass lesions, mass-effect or midline shift.

No extraaxial collections identified.

No areas of signal void on the gradient-echo sequences suggest occult products of hemorrhage.

Brainstem and cerebellar hemispheres are unremarkable.

Normal flow-voids indicative of patency within the major vessels base of the brain on the axial FLAIR images. .

Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 314 of 387

Shaulene N Smith DOB 11/15/1973 UB NEUROSURGERY, INC

Page #2

Mild mucosal thickening ethmoid air cells bilaterally.

The remaining paranasal sinuses and mastoid air cells are unremarkable.

IMPRESSION:

No acute intracranial abnormality. Mild ethmoid mucosal thickening

READ BY..... HAMPTON, WILLIAM R. MD

DICTATED ...... 09/06/2018 9:35 am

TRANSCRIBED BY .....: 09/06/2018 9:35 am WRH

SIGNED 09/06/2018 9:49 am

ELECTRONICALLY BY ..: HAMPTON, WILLIAM R. MD

A Kaleida Health dictation system was used to prepare this Imaging report.

Although each report is personally scanned for syntactic or grammatical errors.

unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.

#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 315 of 387

Med Rec Nbr:

1003295790

UI Nbr:

1003295790

Financial Nbr:

Client Med Rec Nbr: 4437

75213332

Patient Name: Organization:

KH DEGRAFF

DOB:

Sext

11/15/1973

Patient Location:

Physician:

**D-Emergency Rm** LYNCH, JOSHUA J.DO

SMITH, SHAULENE N

Medical Record Request

Adm: 02/03/2018

Female

Dsch: 02/03/2018

## ED Patient Discharge Inst

SERVICE DATE/TIME:

**RESULT STATUS:** 

PERFORM INFORMATION: SIGN INFORMATION:

02/03/2018 15:32

Modified

CZAJA, ALLYSON E RN (02/03/2018 15:32 )

CZAJA, ALLYSON E RN (02/03/2018 15:32 ); LYNCH,

JOSHUA J.DO (02/03/2018 15:12 )

**ED Patient Discharge Instructions** 





## Kaleida Health

Degraff Memorial Hospital 445 Tremont Street North Tonawanda, New York 14120 (716) 694-4500

## **Emergency Department** Discharge Instructions

Name SMITH, SHAULENE N MR# 1003295790

DOB 11/15/1973 Acct# 75213332

Date/Time 2/3/2018 15:32:24

Visit Date/Time: 2/03/2018 9:44 AM

# Diagnosis: T12 compression fracture

PCP: ROSS, LYNNE S. MD

ED Provider: LYNCH, JOSHUA J. DO

Instructions prepared by: LYNCH, JOSHUA J. DO

Kaleida Health would like to thank you for allowing us to assist you with your healthcare needs. It is IMPORTANT to see your DOCTOR or PRIMARY CARE PROVIDER. Emergency Care may be incomplete without proper follow-up. If you become worse in any way, it is important that you call your doctor, or return to the Emergency Department. Please remember to take these instructions to your next doctor's appointment.

### Follow-up Instructions: VITALS INFORMATION

Vital Sign	Triage	Latest
Pulse Rate,	64 bpm	70 bpm
Peripheral		

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Page 6 of 77

Patient Name: SMITH, SHAULENE N

169103478

Master Report Template

#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 316 of 387

**Medical Record Request** 

Med Rec Nbr: 1003295790 Financial Nbr:

Client Med Rec Nbr: 4437

DO8:

Sex:

Adm:

75213332

11/15/1973

**Female** 

Ul Nbr: Patient Name:

Physician:

1003295790

SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm LYNCH, JOSHUA J.DO

02/03/2018

## ED Patient Discharge Inst

Dsch: 02/03/2018

Respiratory Rate	18 BR/min	16 BR/min
Blood Pressure	140 mmHg	142 mmHg
	/98 mmHg	/91 mmHg
Temperature Oral	36.9 degC	36.6 degC
Temperature Rectal		
Temperature Axillary		
Temperature		
Temporal		
Temperature		
Intravascular		
Weight	67.59 kg	67.59 kg

With:

Address:

When:

UB Neuro Surgery 218-1000

With:

Address:

When:

University Ortho 204-3200

With:

Address:

When:

LYNNE ROSS

LYNNE ROSS, MD, PC, 43 NIAGARA STREET NORTH TONAWANDA, NY 14120 (716) 690-2001 Business (1)

### **Medication Information:**

Allergy Info:

No Known Medication Allergies

Immunizations:

None given this visit

Explanation of your Complete Medication List (if you are not on any medications, below will be blank)

CHANGES: Medications with changes in dosing

CVS/pharmacy #0589, 955 PAYNE AVE MID-CITY PLAZA NORTH TONAWANDA, NY 14120, (716) 693 - 1091

Page 7 of 77 Printed: 03/02/2018 14:49

169103478 Master Report Template Patient Name: SMITH, SHAULENE N

### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 317 of 387

**Medical Record Request** 

Med Rec Nbr: 1003295790 UI Nbr:

Financial Nbr: 75213332 Patient Name:

Client Med Rec Nbr: 4437 Organization: KH DEGRAFF

DOB: 11/15/1973 Patient Location: D-Emergency Rm

Sex: Female Physician: LYNCH, JOSHUA J.DO

1003295790

SMITH, SHAULENE N

Adm: 02/03/2018 Dsch: 02/03/2018

## ED Patient Discharge Inst

Start Taking: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet)

1 tablet oral every 6 hours for 3 days. Refills: 0.

Stop Taking: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet)

1 tablet oral every 6 hours.

### Below is a Complete list of your medications

oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) 1 tablet oral every 6 hours for 3 days. Refills: 0.

### **Medication Comments:**

**Additional Comments:** 

DISCHARGE INSTRUCTIONS

Order Name

**Order Details** 

# TEST RESULTS PENDING LABORATORY RESULTS:

None

### PENDING RADIOLOGY RESULTS:

None

Laboratory or Other Results This Visit (last charted value for your 02/03/2018 visit)

### **GENERAL LABORATORY**

02/03/2018 10:23 AM

Albumin Level: 3.8 g/dL - Normal range between (3.5 and 5.0)

Alkaline Phosphatase: 72 unit/L - Normal range between (30 and 140)

ALT: 11 unit/L - Normal range between (5 and 50)

Anion Gap: 7 mmol/L -- Normal range between (5 and 15)

AST: 15 unit/L - Normal range between (5 and 50)

Baso Abs: 0.0 x10^9/L Basophils: 0.7 %

Bilirubin: 0.6 mg/dL -- Normal range between (0.2 and 1.2)

BUN: 8 mg/dL -- Normal range between (5 and 25)

Calcium Level: 10.1 mg/dL -- Normal range between ( 8.5 and 10.5 )

Printed: 03/02/2018 14:49 Page 8 of 77

#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 318 of 387

UI Nbr:

Patient Name:

Organization:

Physician:

1003295790

KH DEGRAFF

Patient Location: D-Emergency Rm

SMITH, SHAULENE N

LYNCH, JOSHUA J.DO



**Medical Record Request** 

Med Rec Nbr: Financial Nbr:

Adm: 02/03/2018

DOB:

Sex:

75213332

1003295790

Client Med Rec Nbr: 4437

11/15/1973

Female

Dsch: 02/03/2018

## ED Patient Discharge Inst

Carbon Dioxide: 25 mmol/L -- Normal range between (20 and 32)

Chloride: 105 mmol/L -- Normal range between (96 and 110)

Eos Abs: 0.2 x10^9/L

Eos: 3.2 %

MCH: 26.7 pg -- Normal range between (28.0 and 34.0) MCHC: 32.8 g/dL -- Normal range between (32.0 and 36.0) MCV: 81.4 fL -- Normal range between (78.0 and 100.0) **RDW:** 13.4 % -- Normal range between (11.5 and 14.0)

RBC: 4.31 x10^12/L -- Normal range between (4.20 and 5.40)

Het: 35.1 % -- Normal range between (37.0 and 47.0) Hgb: 11.5 g/dL -- Normal range between (12.0 and 16.0) WBC: 6.0 x10^9/L - Normal range between (4.0 and 10.5) Lipase Level: 39 unit/L -- Normal range between (7 and 78) Lymp Abs: 1.9 x10^9/L -- Normal range between (1.5 and 3.5)

**Lymph:** 32.1 % -- Normal range between (20.0 and 48.0)

Mono Abs: 0.4 x10^9/L

Mono: 7.2 %

Neut Abs: 3.4 x10^9/L -- Normal range between (1.5 and 6.6) Platelet: 257 x10^9/L -- Normal range between (150 and 450) **Protein:** 7.1 g/dL -- Normal range between (6.0 and 8.0)

Creatinine: 0.64 mg/dL - Normal range between (0.40 and 1.40) Glucose Level: 90 mg/dL -- Normal range between (60 and 100)

MPV: 9.8 fL -- Normal range between (9.0 and 12.0)

Potassium Level: 4.1 mmol/L -- Normal range between (3.5 and 5.3) Sodium Level: 137 mmol/L - Normal range between (135 and 145)

GFR: >60 mL/min/1.73 m2

GFR AfrAmer: >60 mL/min/1.73 m2

Neutrophils: 56.6 % -- Normal range between (38.0 and 77.0)

ADDITIONAL LABORATORY AND/OR OTHER DIAGNOSTIC TEST RESULTS MAY BE AVAILABLE. PLEASE FOLLOW UP WITH YOUR PRIMARY CARE PROVIDER.

**Emergency Medicine** 

## Vertebral Fracture

You have a fracture of one or more vertebra. These are the bony parts that form the spine. Minor vertebral fractures happen when people fall. Osteoporosis is associated with many of these fractures. Hospital care may not be necessary for minor compression fractures that are stable. However, multiple fractures of the spine or unstable injuries can cause severe pain and even damage the spinal cord. A spinal cord injury may cause paralysis, numbness, or loss of normal bowel and bladder control.

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#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 319 of 387

**Medical Record Request** 

Med Rec Nbr: Financial Nbr:

Adm: 02/03/2018

DOB:

Sex:

1003295790

75213332

Client Med Rec Nbr: 4437

11/15/1973

**Female** 

Dsch: 02/03/2018

Ul Nbr.

Organization:

Physician:

1003295790

Patient Name:

SMITH, SHAULENE N KH DEGRAFF

Patient Location: D-Emergency Rm

LYNCH, JOSHUA J.DO

## ED Patient Discharge Inst



Normally there is pain and stiffness in the back for 3 to 6 weeks after a vertebral fracture. Bed rest for several days, pain medicine, and a slow return to activity is often the only treatment that is needed depending on the location of the fracture. Neck and back braces may be helpful in reducing pain and increasing mobility. When your pain allows, you should begin walking or swimming to help maintain your endurance. Exercises to improve motion and to strengthen the back may also be useful after the initial pain improves. Treatment for osteoporosis may be essential for full recovery. This will help reduce your risk of vertebral fractures with a future fall.

During the first few days after a spine fracture you may feel nauseated or vomit. If this is severe, hospital care with IV fluids will be needed.

Arrange for follow-up care as recommended to assure proper long-term care and prevention of further spine injury.

### SEEK IMMEDIATE MEDICAL CARE IF:

- · You have increasing pain, vomiting, or are unable to move around at all.
- You develop numbness, tingling, weakness, or paralysis of any part of your body.
- You develop a loss of normal bowel or bladder control.
- · You have difficulty breathing, cough, fever, chest or abdominal pain.

### MAKE SURE YOU:

- · Understand these instructions.
- · Will watch your condition.
- Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 320 of 387



Med Rec Nbr: 1003295790 Financial Nbr: 75213332 Client Med Rec Nbr: 4437

02/03/2018

DOB:

Sex:

Adm:

11/15/1973

Female

Dsch: 02/03/2018

Ul Nbr: 1003295790

Patient Name:

Organization:

Physician:

SMITH, SHAULENE N

KH DEGRAFF Patient Location: **D-Emergency Rm** 

LYNCH, JOSHUA J.DO

## ED Patient Discharge Inst

# **Degraff Memorial Hospital**

## **Emergency Department Discharge Instruction**

445 Tremont Street, North Tonawanda, NY 14120

Name: SMITH, SHAULENE N

DOB:11/15/1973

Date/Time: 2/3/2018 15:32:24

MR#: 1003295790

Acct#: 75213332

Visit Date: 2/3/2018 09:44:00

Patient Education Material(	S	)
-----------------------------	---	---

**Emergency Medicine** Vertebral Fracture

Patient/Guardian Signature	Relation to Patient	Date/Time
Staff Member Reviewing Discharge Instru	ctions with Patient	

I, SMITH, SHAULENE N, have received printed and personalized patient education materials/instructions and have verbalized

Printed: 03/02/2018 14:49 Page 11 of 77 Patient Name: SMITH, SHAULENE N:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 321 of 387 MRN: 1003295790 FIN: 75213332 Date of Birth: 11/15/1973

luth	(Verified) *			ere:

## **Degraff Memorial Hospital**

**Emergency Department Discharge Instruction** 

445 Tremont Street, North Tonawanda, NY 14120

Acct#: 75213332

Name: SMITH, SHAULENE N

15:12:00

MR#: 1003295790

DOB:11/15/1973

Date/Time:2/3/2018

Visit Date: 2/3/2018 09:44:00

Patient Education Material(s)

Emergency Medicine Vertebral Fracture

1, SMITH, SHAULENE N, have received printed and personalized patient education materials/instructions and have verbalized understanding of instructions given.

Patient/Guardian Signature

Staff Member Reviewing Discharge Instructions with Patient

Relation to Patient

Patient Name SMITH, SHAULENE N FIN # 75213332

MRN 1003295790

### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 322 of 387



Medical Record Request

Med Rec Nbr: 1003295790
Financial Nbr: 75213332
Glient Med Rec Nbr: 4437
DOB: 11/15/1973

 DOB:
 11/15/13

 Sex:
 Female

Adm: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm
Physician: LYNCH, JOSHUA J.DO

## ED Patient Discharge Inst

SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION: 02/03/2018 15:32 Modified CZAJA,ALLYSON

Dsch: 02/03/2018

CZAJA, ALLYSON E RN (02/03/2018 15:32) CZAJA, ALLYSON E RN (02/03/2018 15:32); LYNCH,

JOSHUA J.DO (02/03/2018 15:12)

### **ED Pat Edu**

Emergency Medicine

## Vertebral Fracture

You have a fracture of one or more vertebra. These are the bony parts that form the spine. Minor vertebral fractures happen when people fall. Osteoporosis is associated with many of these fractures. Hospital care may not be necessary for minor compression fractures that are stable. However, multiple fractures of the spine or unstable injuries can cause severe pain and even damage the spinal cord. A spinal cord injury may cause paralysis, numbness, or loss of normal bowel and bladder control.



Normally there is pain and stiffness in the back for 3 to 6 weeks after a vertebral fracture. Bed rest for several days, pain medicine, and a slow return to activity is often the only treatment that is needed depending on the location of the fracture. Neck and back braces may be helpful in reducing pain and increasing mobility. When your pain allows, you should begin walking or swimming to help maintain your endurance. Exercises to improve motion and to strengthen the back may also be useful after the initial pain improves. Treatment for osteoporosis may be essential for full recovery. This will help reduce your risk of vertebral fractures with a future fall.

During the first few days after a spine fracture you may feel nauseated or vomit. If this is severe, hospital care with IV fluids will be needed.

Arrange for follow-up care as recommended to assure proper long-term care and prevention of further spine injury.

Printed: 03/02/2018 14:49 Page 13 of 77

Patient Name: SMITH, SHAULENE N 169103478 Master Report Template

#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 323 of 387

Med Rec Nbr:

Sex:

1003295790

UI Nbr.

1003295790

75213332 Financial Nbr: Client Med Rec Nbr: 4437

Organization:

KH DEGRAFF D-Emergency Rm

SMITH, SHAULENE N

**Medical Record Request** 

11/15/1973 DOB: **Female** 

Patient Location!

Patient Name:

Adm: 02/03/2018 Physician:

LYNCH, JOSHUA J.DO

## ED Patient Discharge Inst

Dsch: 02/03/2018

## SEEK IMMEDIATE MEDICAL CARE IF:

- · You have increasing pain, vomiting, or are unable to move around at all.
- · You develop numbness, tingling, weakness, or paralysis of any part of your body.
- You develop a loss of normal bowel or bladder control.
- · You have difficulty breathing, cough, fever, chest or abdominal pain.

### MAKE SURE YOU:

- · Understand these instructions.
- · Will watch your condition.
- · Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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# **Degraff Memorial Hospital**

### **Emergency Department Discharge Instruction**

445 Tremont Street, North Tonawanda, NY 14120

Name: SMITH, SHAULENE N

DOB:11/15/1973

Date/Time: 2/3/2018 15:32:26

MR#: 1003295790

Acct#: 75213332

Visit Date: 2/3/2018 09:44:00

### Patient Education Material(s)

**Emergency Medicine** Vertebral Fracture

I, SMITH, SHAULENE N, have received printed and personalized patient education materials/instructions and have ver	balized
understanding of instructions given.	

Patient/Guardian Signature

Relation to Patient

Date/Time

Printed: 03/02/2018 14:49

Master Report Template

Page 14 of 77

169103478 Patient Name: SMITH, SHAULENE N

#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 324 of 387

Med Rec Nbr: Financial Nbr: 1003295790

UI Nbr:

1003295790

**Medical Record Request** 

Client Med Rec Nbr: 4437

75213332

Patient Name:

SMITH, SHAULENE N

Organization:

Patient Location:

KH DEGRAFF **D-Emergency** Rm

DOB: Sex:

11/15/1973 Female

Physician:

LYNCH, JOSHUA J.DO

Adm:

02/03/2018

Dsch: 02/03/2018

## **ED Patient Discharge Inst**

Staff Member Reviewing Discharge Instructions with Patient

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Filed 04/20/21 Page 325 of 387 Case 1:21-cv-00530-LJV Document 1-1

Med Rec Nbr.

1003295790

Financial Nbr:

75213332

Patient Name: Organization:

SMITH, SHAULENE N

KH DEGRAFF

Client Med Rec Nbr: 4437 DOB:

Sex:

11/15/1973

**Female** 

Patient Location:

Physician:

**D-Emergency Rm** LYNCH, JOSHUA J.DO

**Medical Record Request** 

Adm: 02/03/2018

Dsch: 02/03/2018

# ED Discharge Clinical Summary

SERVICE DATE/TIME:

02/03/2018 15:32

RESULT STATUS:

Modified

PERFORM INFORMATION: SIGN INFORMATION:

CZAJA, ALLYSON E RN (02/03/2018 15:32) CZAJA, ALLYSON E RN (02/03/2018 15:32 ); LYNCH,

JOSHUA J.DO (02/03/2018 15:12)

**ED Discharge Clinical Summary** 

# KALEIDA HEALTH

Degraff Memorial Hospital 445 Tremont Street North Tonawanda, New York 14120 (716) 694-4500

# **Emergency Department Clinical Summary**

PERSON INFORMATION

MR# 1003295790 Name SMITH, SHAULENE N

Sex Female Age 44 Years

DOB 11/15/1973

Acct# 75213332

PCP ROSS, LYNNE S. MD

Checkin 2/03/2018 9:44 AM

Visit Reason Fall; fall/ back pain

**Address** 

Acuity 3 - Yellow Phone (716) 310-6649

Condition on Discharge:

Improved

655 OLIVER ST APT 2 N **TONAWANDA NY 14120 PROVIDER INFORMATION** 

ED Provider: LYNCH, JOSHUA J. DO

Instructions prepared by: LYNCH, JOSHUA J. DO

# **DIAGNOSIS: T12 compression fracture**

#### VITALS INFORMATION

All Limb Hat Algune	I All A			
Vital Sign	Triage	Latest		
Pulse Rate,	64 bpm	70 bpm		
Peripheral				
Respiratory Rate	18 BR/min	16 BR/min		
Blood Pressure	140 mmHg /98 mmHg	142 mmHg /91 mmHg		
Temperature Oral	36.9 degC	36.6 degC		
Temperature Rectal				

Page 16 of 77 Printed: 03/02/2018 14:49

#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 326 of 387

Medical Record Request

Med Rec Nbr: Financial Nbr:

DOB:

Sex

75213332

1003295790

11/15/1973

Female

Ul Nbr:

1003295790

Patient Name:

SMITH, SHAULENE N

Organization:

KH DEGRAFF

Physician:

Patient Location: D-Emergency Rm LYNCH, JOSHUA J. DO

Adm: 02/03/2018

Client Med Rec Nbr: 4437

Dsch: 02/03/2018

# ED Discharge Clinical Summary

Temperature Axillary			
Temperature			
Temporal			
Temperature ntravascular		Jacobson of Contract of Contra	on the second of the second of
Weight 67.59	kg	67.59 kg	

# MEDICATION INFORMATION

Allergy Info:

No Known Medication Allergies

Immunizations:

None given this visit

Explanation of your Complete Medication List (if you are not on any medications, below will be blank)

CHANGES: Medications with changes in dosing

CVS/pharmacy #0589, 955 PAYNE AVE MID-CITY PLAZA NORTH TONAWANDA, NY 14120, (716) 693 - 1091

Start Taking: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) 1 tablet oral every 6 hours for 3 days. Refills: 0.

Stop Taking: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) 1 tablet oral every 6 hours.

# Below is a Complete list of your medications

oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) I tablet oral every 6 hours for 3 days. Refills: 0.

#### **Medication Comments:**

**Additional Comments: DISCHARGE INSTRUCTIONS Order Details** Order Name

Printed: 03/02/2018 14:49

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#### Document 1-1 Filed 04/20/21 Page 327 of 387 Case 1:21-cv-00530-l

Financial Nbr:

75213332

Patient Name:

SMITH, SHAULENE N

Glient Med Rec Nbr:

4437 11/15/1973

Organization:

KH DEGRAFF

Medical Record Request

DOB: Sex:

Female

Patient Location: Physician:

**D-Emergency Rm** LYNCH, JOSHUA J.DO

Adm: 02/03/2018 Dsch: 02/03/2018

# ED Discharge Clinical Summary

## **TEST RESULTS**

# PENDING LABORATORY RESULTS:

None

# **PENDING RADIOLOGY RESULTS:**

None

Laboratory or Other Results This Visit (last charted value for your 02/03/2018 visit)

## GENERAL LABORATORY

02/03/2018 10:23 AM

Albumin Level: 3.8 g/dL -- Normal range between (3.5 and 5.0)

Alkaline Phosphatase: 72 unit/L - Normal range between (30 and 140)

ALT: 11 unit/L - Normal range between (5 and 50)

Anion Gap: 7 mmol/L - Normal range between (5 and 15)

AST: 15 unit/L -- Normal range between (5 and 50)

Baso Abs: 0.0 x10^9/L Basophils: 0.7 %

Bilirubin: 0.6 mg/dL -- Normal range between (0.2 and 1.2)

BUN: 8 mg/dL - Normal range between (5 and 25)

Calcium Level: 10.1 mg/dL -- Normal range between (8.5 and 10.5) Carbon Dioxide: 25 mmol/L -- Normal range between ( 20 and 32 )

Chloride: 105 mmol/L -- Normal range between (96 and 110)

Eos Abs: 0.2 x10^9/L

Eos: 3.2 %

MCH: 26.7 pg -- Normal range between (28.0 and 34.0)

MCHC: 32.8 g/dL - Normal range between (32.0 and 36.0)

MCV: 81.4 fL - Normal range between (78.0 and 100.0)

**RDW:** 13.4 % -- Normal range between (11.5 and 14.0)

**RBC:** 4.31 x10<sup>12</sup>/L -- Normal range between (4.20 and 5.40)

Het: 35.1 % -- Normal range between (37.0 and 47.0)

Hgb: 11.5 g/dL - Normal range between (12.0 and 16.0)

**WBC:** 6.0 x10^9/L -- Normal range between (4.0 and 10.5)

Lipase Level: 39 unit/L -- Normal range between (7 and 78) Lymp Abs: 1.9 x10^9/L -- Normal range between (1.5 and 3.5)

Lymph: 32.1 % -- Normal range between (20.0 and 48.0)

Mono Abs: 0.4 x10^9/L

Mono: 7.2 %

Patient Name: SMITH, SHAULENE N

Neut Abs: 3.4 x10^9/L -- Normal range between (1.5 and 6.6) Platelet: 257 x10^9/L -- Normal range between (150 and 450)

Protein: 7.1 g/dL -- Normal range between (6.0 and 8.0)

Creatinine: 0.64 mg/dL -- Normal range between (0.40 and 1.40)

Printed: 03/02/2018 14:49

# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 328 of 387



**Medical Record Request** 

Med Rec Nbr: Financial Nbr:

Client Med Rec Nbr: 4437

1003295790 75213332

11/15/1973

Female

Ul Nbr: Patient Name:

Physician:

1003295790

SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm LYNCH, JOSHUA J.DO

Adm: 02/03/2018 Dsch: 02/03/2018

# ED Discharge Clinical Summary

Glucose Level: 90 mg/dL -- Normal range between ( 60 and 100 )

MPV: 9.8 fL -- Normal range between (9.0 and 12.0)

DOB:

Sex:

Potassium Level: 4.1 mmol/L -- Normal range between (3.5 and 5.3) Sodium Level: 137 mmol/L - Normal range between (135 and 145)

GFR: >60 mL/min/1.73 m2

GFR AfrAmer: >60 mL/min/1.73 m2

Neutrophils: 56.6 % -- Normal range between (38.0 and 77.0)

ADDITIONAL LABORATORY AND/OR OTHER DIAGNOSTIC TEST RESULTS MAY BE AVAILABLE, PLEASE FOLLOW UP WITH YOUR PRIMARY CARE PROVIDER. IF YOU HAVE MEDICAL QUESTIONS ABOUT THIS HOSPITALIZATION, PLEASE CONTACT YOUR DISCHARGING PROVIDER AS FOLLOWS: PATIENT EDUCATION INFORMATION

Instructions:

Vertebral Fracture

Follow up:

With:

Address:

When:

UB Neuro Surgery 218-1000

With:

Address:

When:

University Ortho 204-3200

With:

Address:

When:

LYNNE ROSS

LYNNE ROSS, MD, PC, 43 NIAGARA STREET NORTH TONAWANDA, NY 14120 (716) 690-2001 Business (1)

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#### Document 1-1 Filed 04/20/21 Page 329 of Case 1:21-cv-00530-

Financial Nhr

75213332 Client Med Rec Nbr: 4437

Patient Name:

SMITH, SHAULENE N

KH DEGRAFF

DOB: Sex:

11/15/1973 Female

Organization: Patient Location:

Physician:

**D-Emergency Rm** LYNCH, JOSHUA J.DO

Medical Record Request

Adm: 02/03/2018 Dsch: 02/03/2018

# ED MD Note

DOCUMENT TYPE: SERVICE DATE/TIME: **RESULT STATUS:** 

PERFORM INFORMATION: SIGN INFORMATION:

ED MD Note 02/03/2018 10:09 Auth (Verified)

LYNCH, JOSHUA J.DO (02/03/2018 10:16) LYNCH, JOSHUA J.DO (02/03/2018 15:10)

Fall

Patient: SMITH, SHAULENE N

MRN: 1003295790

FIN: 75213332

Age: 44 years Sex: Female DOB: 11/15/1973 Associated Diagnoses: T12 compression fracture

Author: LYNCH, JOSHUA J. DO

#### **Basic Information**

Disclaimer: Disclaimer: Dragon voice-recognition may have been used to prepare this typewritten note. Although each note is personally scanned for syntactic or grammatical errors, unintended but conspicuous translational errors can occur. Please call or email me if there are any questions about

the contents of this note..

Time seen: Date & time 2/3/2018 10:09:00.

History source: Patient. Arrival mode: Private vehicle.

Additional information: Chief Complaint from Nursing Triage Note: Chief Complaint Description

2/3/2018 9:45 Chief Complaint Description States slipped on ice yesterday, took some old oxycodone for the pain, awoke

today in worse pain back, left side and abd. pain 10/10. States today feel nausea. .

#### History of Present Illness

The patient presents following fall. The onset was 1 days ago. The occurrence was single episode. Slipped. The location where the incident occurred was in the street. The character of symptoms is pain. The degree at present is moderate. Exacerbating factors consist of changing position, Patient states she slipped on the ice yesterday and fell on her left side. She did not hit her head. No loss of consciousness. Complains of left-sided lower abdominal pain, left lower back pain. Pain is worse with movement, somewhat relieved with rest. No other complaints. No fever, chills, no headache or dizzlness. States the pain in the lower back is worse with movement. No pain in the midline back, primarily over to the left.

#### **Review of Systems**

Constitutional symptoms: No fever, no chills.

Skin symptoms: No rash,

Eye symptoms: No recent vision problems, no pain.

ENMT symptoms: No sore throat,

Respiratory symptoms: No shortness of breath,

Cardiovascular symptoms: No chest pain, no palpitations.

Gastrointestinal symptoms: Abdominal pain, nausea, no vomiting, no diarrhea, no constipation.

Genitourinary symptoms: No dysuria,

Musculoskeletal symptoms: Back pain, Muscle pain, Joint pain.

Neurologic symptoms: No headache, no dizziness.

Endocrine symptoms: No polyuria,

Hematologic/Lymphatic symptoms: Bleeding tendency negative,

#### Health Status

Allergies:

Allergic Reactions (Selected) No Known Medication Allergies. Medications: Home Meds w/compliance

**Active Medications** 

oxyCODONE-acetaminophen: 1 tab, oral, q6h, 0 Refill(s), Refills: 0

Still taking, as prescribed.

Past Medical/ Family/ Social History Medical history: Medical history

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# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 330 of 387

Med Rec Nbr: Financial Nbr:

1003295790 75213332

Ul Nbr: Patient Name: 1003295790

SMITH, SHAULENE N

KH DEGRAFF

Organization: Patient Location: D-Emergency Rm 11/15/1973 Physician: **Female** LYNCH, JOSHUA J.DO

**Medical Record Request** 

Dsch: 02/03/2018 Adm: 02/03/2018

Client Med Rec Nbr: 4437

# ED MD Note

Anemia (A25058B2-B8BF-48F2-B352-55586DF957D4): Onset in 1991 at 18 years.

Comments:

9/19/2016 10:03 - CRONIN, LINDA J. WHNP

DOB:

Sex:

hospitalized at age 18, dx'ed as iron deficient anemia

Resolved

Pregnant (191073013): Onset on 3/27/2008 at 34 years, Resolved in 2009 at 35 years. Pregnant (191073013): Onset on 3/27/2007 at 33 years. Resolved in 2008 at 34 years. Pregnant (191073013): Onset on 10/23/1996 at 22 years. Resolved in 1997 at 23 years. Prognant (191073013): Onset on 3/27/1994 at 20 years. Resolved in 1995 at 21 years. Polycystic ovarian syndrome (2478811014): Resolved..

Surgical history: Surgical history

Laparoscopy (SNOMED CT 122272015) in 2005 at 32 Years.

Comments:

9/19/2016 09:54 - CRONIN, LINDA J.

exploratory, for abdominal pain, nothing found.

Family history: Family history

Diabetes mellitus

Father

Sister

Brother

Sister

Breast cancer

Sister

Comments:

9/19/2016 09:56 - CRONIN, LINDA J. WHNP

dx'ed age 30, deceased

Hypertension

Mother

Social history: Tobacco use: Denies, Drug use: Denies.

Social history: Include smart template

Social & Psychosocial History

Secial History

Alcohol

Denies Alcohol Use (09/19/2018)

Employment/School

Unemployed

Home/Environment

Lives with Children, granddaughter.

Sexuai

Comment was using condoms previously (99/19/2015 19:90 - CRONN, LINDA J. WHINE)

Sexually active: No.

Comment: no sexual activity for 2 months, split up w/ partner (69/19/2019 10:00 - CRONN, LINDA J. WENP)

Substanco Atausa

Denies Substance Abuse (09/19/2018)

Tobacco

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169103478 Patient Name: SMITH, SHAULENE N Master Report Template

#### Document 1-1 Case 1:21-cv-00530-LJV Filed 04/20/21 Page 331 of 387

Financial Nbr:

75213332

1003295790

Client Med Rec Nbr: 4437 Patient Name: Organization:

SMITH, SHAULENE N **KH DEGRAFF** 

DOB: Sex:

11/15/1973 Female

Patient Location: Physician:

**D-Emergency Rm** LYNCH, JOSHUA J.DO

Medical Record Reduest

Adm: 02/03/2018 Dsch: 02/03/2018

# ED Note

Never smoker Never smoker

Psychosocial History

No active psychosocial history has been recorded.

#### Physical Examination

Vital Signs

Vital Signs.

2/3/2018 9:45

2/3/2018 9:45

Temperature Oral

36.9 degC 64 bpm

Pulse Rate, Peripheral Systolic Blood Pressure Diastolic Blood Pressure

140 mmHq High 98 mmHg High

Sp02 Monitored, EKG Respiratory Rate

100 % 18 BR/min

Measurements

Height/Length Dosing

154.9 cm 67.59 kg 1.71 m2

Weight Dosing BSA Dosing Body Mass Index Dosing

100 % .

28.17 kg/m2

Inches Lbs

61 in 149 lb

Sp02

2/3/2018 9:45

SpO2 Monitored, EKG

General: Alert, no acute distress.

Skin: Warm, dry, intact.

Head: Normocephalic, atraumatic.

Neck: Supple, trachea midline, no tenderness.

Eye: Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva.

Ears, nose, mouth and throat: Oral mucosa moist, no pharyngeal erythema or exudate. Cardiovascular: Regular rate and rhythm, No murmur, Normal peripheral perfusion.

Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal.

Chest wall: No tenderness.

Back: Tenderness to palpation in the left paraspinal region. No midline tenderness to the CT, LS spine..

Musculoskeletal: Normal ROM, normal strength.

Gastrointestinal: Soft, Non distended, Normal bowel sounds, Mild tenderness to the left mid and lower abdomen. No distention. No rebound tenderness. No CVA tenderness..

Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, normal sensory observed. normal motor observed, normal speech observed.

Psychiatric: Cooperative, appropriate mood & affect.

### **Medical Decision Making**

Electrocardiogram: Time 2/3/2018 15:07:00, Rapid atrial fibrillation, normal axis, normal intervals, no acute ischemic changes...

Results review: Lab results: LABORATORY

2/3/2018 10:23

WBC RBC 6.0 x10^9/L 4.31 x10^12/L

Hgb Hct

11.5 g/dL Low 35.1 % Low

MCV MCH

81.4 fL 26.7 pg Low

MCHC RDW

32.8 g/dL 13.4 %

Platelet

257 x10^9/L

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# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 332 of 387



**Medical Record Request** 

Med Rec Nbr: Financial Nbr:

DOB:

Sex:

1003295790

75213332

11/15/1973

Female

1003295790

Patient Name:

SMITH, SHAULENE N

Organization: Patient Location: KH DEGRAFF

Physician:

**D-Emergency Rm** LYNCH, JOSHUA J.DO

Adm: 02/03/2018

Client Med Rec Nbr: 4437

Dsch: 02/03/2018

# ED MD Note

9.8 fL MPV 3.4 x10^9/L Neut Abs 1.9 x10^9/L Lymp Abs 0.4 x10^9/L Mono Abs 0.2 x10^9/L Eos Abs Baso Abs 0.0 x10^9/L 56.6 \$ Neutrophils 32.1 % Lymph 7.2 % Mono 3.2 % Eos 0.7 % Basophils Sodium Level 137 mmo1/L 4.1 mmol/L Potassium Level 105 mmol/L Chloride 25 mmol/L Carbon Dioxide Anion Gap 7 mmol/L BUN 8 mg/dL 0.64 mg/dL Creatinine 10.1 mg/dL Calcium Level Bilirubin 0.5 mg/dL Alkaline Phosphatase 72 unit/L 15 unit/L AST 11 unit/L ALT 39 unit/L Lipase Level 7.1 q/dL Protein Albumin Level 3.8 q/dL 90 mg/dL Glucose Level >60 mL/min/1.73 m2 GFR >60 mL/min/1.73 m2 GFR AfrAmer

Radiology results: Radiology Results CT Abd+Pel w IV contrast

#### 02/03/18 14:29:31

INDICATION: The patient is complaining of abdominal pain evaluate. Status post fall on ice yesterday, took some old oxycodone for the pain, worsening pain back, left abdominal pain 10/10, nausea.

TECHNIQUE: Contiguous helical axial images from the lung bases to the ischial tuberosities were performed following the administration of 90 cc of Omnipaque- 350. In addition delayed images of the abdomen and pelvis were obtained. Oral contrast was given. 3-D reconstruction images in the sagittal and coronal planes were generated. Saline chaser bolus delivered.

COMPARISON: None.

CT SCAN OF THE ABDOMEN:

FINDINGS:

Inferior thorax: Lung bases demonstrates dependent atelectatic changes. Inferior heart/pericardium unremarkable. A hiatal hernia is present.

Lines and tubes: None.

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169103478 Master Report Template Patient Name: SMITH, SHAULENE N

#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 333 of 387

Med Rec Nor: Financial Nbr:

Sex:

1003295790

1003295790

75213332

Patient Name:

SMITH, SHAULENE N

Client Med Rec Nbr: 4437 Organization: Patient Location: KH DEGRAFF D-Emergency Rm

**Medical Record Request** 

DOB: 11/15/1973 Female

02/03/2018

Physician:

LYNCH, JOSHUA J. DO

Adm:

Dsch: 02/03/2018

## ED MD Note

Liver/Billary Tree: No significant hepatic steatosis or hepatomegaly. No suspicious lesion. Low-attenuation lesion within the liver are too small characterize by CT criteria. No significant biliary dilation. The portal, superior mesenteric and splenic veins are patent.

Gallbladder: Unremarkable.

Pancreas: Unremarkable.

Spleen: Unremarkable.

Adrenal glands: Within normal limits.

Kidneys/Ureters: No hydronephrosis. No suspicious renal lesion. No urinary tract calculi identified,

Retroperitoneum: No enlarged lymph nodes. The abdominal aorta is normal in caliber. The inferior vena cava is unremarkable.

Bowel/Mesentery: The bowel and mesentery unremarkable without obstruction or inflammatory changes. No enlarged mesenteric nodes. The appendix is normal.

Ascites: None.

CT SCAN OF THE PELVIS:

FINDINGS:

Bladder: Unremarkable.

Reproductive Organs: 2.2 cm dominant right ovarian follicle.

Lymph Nodes: None pathologically enlarged.

Free fluid: None.

Bones/superficial soft tissues: Acute mild compression fracture superior endplate of T12, No destructive lytic or sclerotic lesions, No inguinal hernias.

IMPRESSION ABDOMEN:

- 1. No acute intra-abdominal process.
- 2. Acute mild compression fracture superior endplate of T12 with fracture lines extending to involve the right posterior elements.

IMPRESSION PELVIS:

1. No acute intrapelvic process.

Signed By: NOTINO, ANTHONY G. MD

Notes: Patient presents today with tenderness and pain after a fall yesterday. At this point, we'll obtain appropriate radiographic studies, basic laboratory studies, treat pain and nausea...

#### Reexamination/ Reevaluation

Time: 2/3/2018 15:07:00.

Notes: Patient's workup is consistent with mild T12 compression fracture. At this point, we'll discharge to follow up with primary care and orthopedic spine surgery. We'll treat pain.

The patient understands to call or return immediately with worsening symptoms or other concerns..

#### Impression and Plan

T12 compression fracture

Plan

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#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 334 of 387



Medical Record Request

Med Rec Nbr: 1003295790 Ut Nbr: 1003295790

Financial Nbr: 75213332 Patient Name:

SMITH, SHAULENE N Client Med Rec Nbr: 4437 Organization: KH DEGRAFF

DOB: 11/15/1973 Patient Location: **D-Emergency Rm** Sex: **Female** Physician: LYNCH, JOSHUA J.DO

Dsch: 02/03/2018 Adm: 02/03/2018

# ED MD Note

Condition: Improved.

Disposition: Discharged: Time 2/3/2018 15:09:00, to home.

Patient was given the following educational materials: Vertebral Fracture.

Follow up with: LYNNE ROSS; University Ortho 204-3200; UB Neuro Surgery 218-1000.

Counseled: Patient, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated

understanding of instructions.

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#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 335 of 387

Med Rec Nbr:

DOB:

1003295790

Ul Nhr:

1003295790

KH DEGRAFF

**Medical Record Request** 

Financial Nbr:

75213332

11/15/1973

Patient Name:

SMITH, SHAULENE N

Client Med Rec Nbr: 4437 Organization:

> Patient Location: Physician:

D-Emergency Rm LYNCH.JOSHUA J.DO

Sex: Adm: 02/03/2018

Female Dsch: 02/03/2018

ed RN

SERVICE DATE/TIME:

RESULT STATUS:

02/03/2018 15:30 Auth (Verified)

PERFORM INFORMATION: SIGN INFORMATION:

CZAJA, ALLYSON E RN (02/03/2018 15:30 ) CZAJA, ALLYSON E RN (02/03/2018 15:30)

ED Depart Vital Signs and Pain Entered On: 2/3/2018 15:30 Performed On: 2/3/2018 15:30 by CZAJA, ALLYSON E RN

Pain Scale

Primary Pain Present: Yes actual or suspected pain Primary Preferred Pain Tool: FACES/Numeric rating scale

CZAJA, ALLYSON E RN - 2/3/2018 15:30

Pain Scale - Preferred Pain Tool Amb

Primary FACES/Numeric Rating at Rest: 2 Primary FACES/Numeric Rating Activity: 4 Primary FACES/Numeric Rating Score Rest: 2 Primary FACES/Numeric Rating Score Active: 4

CZAJA, ALLYSON E RN - 2/3/2018 15:30

Pain Assessment Location: Back

Laterality: Upper

Primary Pain Time Pattern: Acute

CZAJA, ALLYSON E RN - 2/3/2018 15:30

SERVICE DATE/TIME: RESULT STATUS:

SIGN INFORMATION:

02/03/2018 15:30 Auth (Verified)

PERFORM INFORMATION:

CZAJA, ALLYSON E RN (02/03/2018 15:30) CZAJA, ALLYSON E RN (02/03/2018 15:30)

ED Nursing Discharge Summary Entered On: 2/3/2018 15:32 Performed On: 2/3/2018 15:30 by CZAJA, ALLYSON E RN

DC Information

DC Status: Discharged

Discharged To: Home independently Discharge Home Treatments: None Discharge Home Equipment: None Professional Skilled Services: None

Special Services and Community Resources: None

ED Mode of Discharge: Walked

Transportation: Other: lyft transportation

CZAJA, ALLYSON E RN - 2/3/2018 15:30

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169103478 Master Report Template Patient Name: SMITH, SHAULENE N

# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 336 of 387

**Medical Record Request** 

Med Rec Nbr: 1003295790 UI Nbr: 1003295790

Financial Nbr: 75213332 Patient Name: SMITH, SHAULENE N

 Client Med Rec Nbr:
 4437
 Organization:
 KH DEGRAFF

 DOB:
 11/15/1973
 Patient Location:
 D-Emergency Rm

 Sex:
 Female
 Physician:
 LYNCH, JOSHUA J.DO

Adm: 02/03/2018 Dsch: 02/03/2018

# ED RN

#### **Education Adult**

Responsible Learner(s): No Data Available Home Caregiver Present for Session: No Barriers To Learning: None evident

Teaching Method: Explanation, Printed materials

CZAJA, ALLYSON E RN - 2/3/2018 15:30

Post-Hospital Education Adult Grid

Activity Expectations: Verbalizes understanding Diagnostic Results: Verbalizes understanding

Importance of Follow-Up Visits: Verbalizes understanding

Pain Management: Verbalizes understanding

When to Call Health Care Provider: Verbalizes understanding

CZAJA, ALLYSON E RN - 2/3/2018 15:30

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# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 337 of 387

**Medical Record Request** 

Med Rec Nbr: 1003295790 UI Nbr: 1003295790

Financial Nbr: 75213332 Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr. 4437 Organization: KH DEGRAFF

DOB: 11/15/1973 Patient Location: D-Emergency Rm

Sex: Female Physician: LYNCH, JOSHUA J.DO

Adm: 02/03/2018 Dsch: 02/03/2018

# ED Triage

SERVICE DATE/TIME: 02/03/2018 09:45
RESULT STATUS: Auth (Verified)
GAUE MARIE P.

PERFORM INFORMATION: GAILE, MARIE P RN (02/03/2018 09:45 )
SIGN INFORMATION: GAILE, MARIE P RN (02/03/2018 09:45 )

ED Triage and Assessment Adult Entered On: 2/3/2018 9:52 Performed On: 2/3/2018 9:45 by GAILE, MARIE P RN

Dysphagia Screen

Dysphagia Screen Result: Pass

GAILE, MARIE P RN - 2/3/2018 9:45

General Triage

Arrival Date/Time: 02/03/2018 09:44

Mode of Arrival: Walked

Chief Complaint Description: States slipped on ice yesterday, took some old oxycodone for the pain, awoke today in

worse pain back, left side and abd. pain 10/10. States today feel nausea.

Vitals/HT/WT: Documented previously for this visit

High Risk/Psychosocial Screen: N/A

VS. Yes

Triage Date/Time: 2/3/2018 9:45

GAILE, MARIE P RN - 2/3/2018 9:45

Language

Languages: English

GAILE, MARIE P RN - 2/3/2018 9:45

**ID** Screen

Travel Within Last 21 Days: No

ID Ebola Screen Close Contact Travel: No ID Ebola Screen Close Contact Caregiver: No

Symptom Trigger: 0

GAILE, MARIE P RN - 2/3/2018 9:45

Advance Directive

\*Advance Directive: Declined

GAILE, MARIE P RN - 2/3/2018 9:45

Pain Scale

Primary Pain Present: Yes actual or suspected pain
Primary Preferred Pain Tool: FACES/Numeric rating scale

GAILE, MARIE P RN - 2/3/2018 9:45

Pain Scale - Preferred Pain Tool Amb

Primary FACES/Numeric Rating at Rest: 10 = Worst possible pain

Primary FACES/Numeric Rating Score Rest: 10

GAILE, MARIE P RN - 2/3/2018 9:45

Pain Assessment

Location: Other: back, left side, abd.

GAILE, MARIE P RN - 2/3/2018 9:45

Violent Behavior

Violent Behavior Risk Factors: None

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Patient Name: SMITH, SHAULENE N 169103478 Master Report Template

# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 338 of 387

Medical Record Request

Med Rec Nbr: Financial Nbr:

Adm: 02/03/2018

DOB:

Sex:

1003295790

75213332

Client Med Rec Nbr: 4437

11/15/1973

Female

Physician: Dsch: 02/03/2018

1003295790

SMITH, SHAULENE N

KH DEGRAFF

Patient Location: D-Emergency Rm LYNCH, JOSHUA J.DO

Patient Name:

Organization:

# ED Inage

GAILE, MARIE P RN - 2/3/2018 9:45

Reason for Visit/Problem List Reason For Visit Entered: Yes

> GAILE, MARIE P RN - 2/3/2018 9:45 (As Of: 2/3/2018 09:52:04 EST)

Problems (Active)

Anemia (SNOMED CT

:A25058B2-B8BF-48F2-B352-

55586DF957D4)

Obesity (SNOMED CT

:2535065012)

Name of Problem: Anemia; Onset Date: 1991; Recorder: CRONIN, LINDA J. WHNP; Confirmation: Confirmed:

Classification: Medical: Code:

A25058B2-B8BF-48F2-B352-55586DF957D4; Contributor System: PowerChart; Last Updated: 9/19/2016 10:03; Life

Cycle Date: 9/19/2016; Life Cycle Status: Active;

Vocabulary: SNOMED CT

: Comments:

9/19/2016 10:03 - CRONIN, LINDA J. WHNP

hospitalized at age 18, dx'ed as iron deficient anemia

Name of Problem: Obesity; Recorder: System, System; Confirmation: Confirmed; Classification: Medical; Code: 2535065012; Last Updated: 9/19/2016 9:51; Life Cycle Date:

9/19/2016; Life Cycle Status: Active; Vocabulary:

SNOMED CT ; Comments:

9/19/2016 9:51 - System, System

This problem was added by Discern Expert. KH\_MU\_BMI

Diagnoses(Active)

Fall

Date: 2/3/2018; Diagnosis Type: Reason For Visit:

Confirmation: Complaint of ; Clinical Dx: Fall ; Classification:

Medical; Clinical Service: Emergency medicine; Code:

PNED; Probability: 0; Diagnosis Code: 972DCDB6-6058-47E5-9321-44B9DBFE0EC6

**Vital Signs** 

Temperature Oral: 36.9 degC(Converted to: 98.4 degF)

Pulse Rate, Peripheral: 64 bpm Respiratory Rate: 18 BR/min

Systolic/ Diastolic BP: 140 mmHg (High) Diastolic Blood Pressure: 98 mmHg (High)

SpO2: 100 %

O2 Therapy: Room air

GAILE, MARIE P RN - 2/3/2018 9:45

**Order Details** 

Transport Mode Order Detail: Wheelchair Isolation Precautions Order Detail: Standard

Isolation Precautions RTF: No qualifying data available

Pregnant Order Detail: No

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Patient Name: SMITH, SHAULENE N

169103478

Master Report Template

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**Medical Record Request** 

Financial Nbr:

Patient Name:

SMITH, SHAULENE N

DOB:

Client Med Rec Nbr: 4437

Organization:

Physician:

KH DEGRAFF

Sex:

11/15/1973 Female

Patient Location: D-Emergency Rm

LYNCH, JOSHUA J.DO

Adm: 02/03/2018

Dsch: 02/03/2018

ED mage

IV Order Detail: 0 Oxygen Order Detail: 0

GAILE, MARIE P RN - 2/3/2018 9:45

**Neurological Adult** 

Level of Consciousness: Alert

Orientation Assessment: Oriented x 4

GAILE, MARIE P RN - 2/3/2018 9:45

Allergies/Home Medications

Allergy Information Status: Documented/Updated for this visit

GAILE, MARIE P RN - 2/3/2018 9:45 (As Of: 2/3/2018 09:52:04 EST)

Allergies (Active)

No Known Medication Allergies Estimated Onset Date: Unspecified; Created By: CRONIN,

LINDA J.; Reaction Status: Active; Category: Drug;

Substance: No Known Medication Allergies; Type: Allergy; Updated By: CRONIN, LINDA J.; Reviewed Date: 2/3/2018

9:49

Medication List

(As Of: 2/3/2018 09:52:04 EST)

Home Meds

oxyCODONE-acetaminophen

: oxyCODONE-acetaminophen; Status: Documented: Ordered As Mnemonic: oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet; Simple Display Line: 1 tab, oral, q6h, 0 Refill(s); Catalog Code: oxyCODONE-acetaminophen; Order

Dt/Tm: 2/3/2018 09:49:33

General

Lactating: No

Pregnancy Status: No menses

Lines or Tubes Present on Admission: None

Activity Assistance: Independent/No Lift Device Applicable

Lactating Age: Yes

Integumentary

Skin Integrity: Intact, no abnormalities

GAILE, MARIE P RN - 2/3/2018 9:45

Social History

Exposure to Tobacco Smoke: None

GAILE, MARIE P RN - 2/3/2018 9:45

Social History

GAILE, MARIE P RN - 2/3/2018 9:45

(As Of: 2/3/2018 09:52:04 EST)

Alcohol:

Denies Alcohol Use

(Last Updated: 9/19/2016 09:59:06 EDT by CRONIN, LINDA J.

WHNP)

Employment/School:

Printed: 03/02/2018 14:49

Page 30 of 77

Patient Name: SMITH, SHAULENE N

169103478

Master Report Template

# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 340 of 387



**Medical Record Request** 

Med Rec Nbr: Financial Nbr:

Adm: 02/03/2018

DOB:

Sex:

1003295790

75213332

Client Med Rec Nbr: 4437

11/15/1973

**Female** 

CRONIN, LINDA J. WHNP)

Dsch: 02/03/2018

Ul Nbr:

1003295790

Patient Name:

SMITH, SHAULENE N

Organization:

KH DEGRAFF

Patient Location: D-Emergency Rm Physician:

LYNCH.JOSHUA J.DO

**ED Triage** 

Unemployed (Last Updated: 9/19/2016 09:59:43 EDT by

Home/Environment:

Lives with Children, granddaughter. (Last Updated: 9/19/2016

09:59:35 EDT by CRONIN, LINDA J. WHNP)

Sexual:

Sexually active: No. Comments: 9/19/2016 10:00 - CRONIN, LINDA J. WHNP: no sexual activity for 2 months, split up w/ partner (Last Updated: 9/19/2016 10:00:11 EDT by CRONIN, LINDA J. WHNP) Comments: 9/19/2016 10:00 - CRONIN, LINDA J. WHNP: was using condoms previously (Last Updated: 9/19/2016 10:00:45 EDT by CRONIN, LINDA J.

WHNP)

Substance Abuse:

Denies Substance Abuse

(Last Updated: 9/19/2016 09:59:10 EDT by CRONIN, LINDA J.

WHNP)

Tobacco:

Never smoker (Last Updated: 9/19/2016 09:51:30 EDT by SAEGERE, KEYVONNA S) Never smoker (Last Updated:

2/3/2018 09:50:14 EST by GAILE, MARIE P RN)

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

02/03/2018 09:45

Auth (Verified)

GAILE, MARIE P RN (02/03/2018 09:45)

GAILE, MARIE P RN (02/03/2018 09:45)

ED ESI Entered On: 2/3/2018 9:45

Performed On: 2/3/2018 9:45 by GAILE, MARIE P RN

ESI

Is This

Patient Dying?: No

Is This a Patient Who Shouldn't Wait?: No

How Many Resources Will This Patient Need?: Many

DCP GENERIC CODE

Visit Reason: fall/back pain Triage Date/Time: 2/3/2018 9:45 Tracking Acuity: 3 - Yellow

Tracking Group: DMH Tracking Group

Printed: 03/02/2018 14:49

GAILE, MARIE P RN - 2/3/2018 9:45

Page 31 of 77

Patient Name: SMITH, SHAULENE N

169103478

Master Report Template

#### Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 341 of 387

**Medical Record Request** 

Med Rec Nbr: 1003295790 Ul Nbr: 1003295790

Financial Nbr: 75213332 Patient Name: SMITH, SHAULENE N

Organization:

KH DEGRAFF DOB: 11/15/1973 Patient Location: D-Emergency Rm

Sex: Female Physician: LYNCH, JOSHUA J. DO

Adm: 02/03/2018 Dsch: 02/03/2018

Client Med Rec Nbr: 4437

# **ED Triage**

GAILE, MARIE P RN - 2/3/2018 9:45

ESI Ht-Wt: Yes

ESI Allergies: Deferred

Vitals Yes or Deferred: Deferred

Height/Weight

Height/Length Dosing: 154.9 cm Inches: 61 in(Converted to: 154.94 cm)

Weight Dosing: 67.59 kg BSA Dosing: 1.71 m2

Body Mass Index Dosing: 28.17 kg/m2 Lbs: 149 lb(Converted to: 67.59 kg)

GAILE, MARIE P RN - 2/3/2018 9:45

GAILE, MARIE P RN - 2/3/2018 9:45

Printed: 03/02/2018 14:49

Patient Name: SMITH, SHAULENE N

# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 342 of 387

Medical Record Request

Med Rec Nbr: 1003295790 Ut Nbr: 1003295790

Financial Nbr: 75213332 Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr: 4437 Organization: KH DEGRAFF

DOB: 11/15/1973 Patient Location: D-Emergency Rm

Sex: Female Physician: LYNCH, JOSHUA J.DO

Adm: 02/03/2018 Dsch: 02/03/2018

# Clinical Diagnoses

<u>ស្រីសាសនាសារី វីវីវិទ្ធសាលាសនាយាធីដែរមួយថា (មានដែរមួយ</u>

Secondary Description:

Last Reviewed Date: 02/03/2018 Responsible Provider: LYNCH, JOSHUA J.DO

Diagnosis Date: 02/03/2018 Status: Active

Clinical Service: Non-Specified; Diagnoses Code: S22.080A; Classification: Medical; Confirmation: Confirmed

ស្រីក្រាចមួយ នៅស្រីក្រាចមួយ

Secondary Description:

ast Reviewed Date: 02/03/2018 Responsible Provider:

Diagnosis Date: 02/03/2018 Status: Active

Clinical Service: Emergency medicine; Diagnoses Code: 972DCDB6-6058-47E5-9321-44B9DBFE0EC6; Classification: Medical; Confirmation:

Complaint of

Printed: 03/02/2018 14:49 Page 33 of 77

Patient Name: SMITH, SHAULENE N 169103478 Master Report Template

#### KALEIDA HEALTH

Millard Fillmore Suburban Hospital 1540 Maple Rd

Williamsville NY 14221 (716)-568-3600 MRI Thoracic imaging w/o contrast

MRI Thoracic imaging w/o contrast

Exam Date/Time: 08/08/2018 10:09 Accession Number; MR-18-0016546 Reason For Exam: compression fx Name: SHAULENE N SMITH

MR#: 1003295790 DOB: 11/15/1973 Age: 44 Location: KH SUBURBAN

Admission Date: 08/08/2018 09:06 Ordering Provider: Jonathan P. Riley

Patient Type: Clini

CLINICAL HISTORY: Numbness fingers and toes on the left.

TECHNIQUE: Multiple pulse sequences performed

COMPARISON: none

#### FINDINGS:

Thoracic intervertebral disc spaces well maintained.

No focal disc herniation or stenosis is seen.

No intramedullary abnormalities are appreciated.

Minor disc degeneration at T11-12 with a minimal bulging disc is seen.

No discitis or osteomyelitis is seen.

#### IMPRESSION:

Minor disc degeneration at T11-12. No significant thoracic MRI abnormalities appreciated.

# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 344 of 387

Shaulene N Smith DOB 11/15/1973 UB NEUROSURGERY, INC

Page #2

READ BY..... REGENBOGEN, VICTOR S. MD

DICTATED .....: 08/08/2018 10:13 am

TRANSCRIBED BY.....: 08/08/2018 10:13 am VSR

SIGNED

08/08/2018 10:17 am

ELECTRONICALLY BY ..: REGENBOGEN, VICTOR S. MD

A Kaleida Health dictation system was used to prepare this Imaging report.

Although each report is personally scanned for syntactic or grammatical errors.

unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.

#### KALEIDA HEALTH

Millard Fillmore Suburban Hospital 1540 Maple Rd

Williamsville NY 14221 (716)-568-3600 MRI Cervical spine w/o contrast

MRI Cervical spine w/o contrast

Exam Date/Time: 08/08/2018 10:09 Accession Number: MR-18-0016547 Reason For Exam: compression fx

HISTORY: Finger and toe numbness

Name: SHAULENE N SMITH

MR#: 1003295790 DOB: 11/15/1973 Age: 44 Location: KH SUBURBAN

Admission Date: 08/08/2018 09:06 Ordering Provider: Jonathan P. Riley

Patient Type: Clini

TECHNIQUE: Multiple pulse sequences obtained through the cervical spine.

COMPARISON: none

### FINDINGS:

Craniocervical junction unremarkable.

Cervical intervertebral disc spaces well maintained.

No focal disc herniation or stenosis seen.

Upper 4 thoracic levels unremarkable.

No intramedullary abnormalities are appreciated.

No discitis or osteomyelitis appreciated.

Shaulene N Smith DOB 11/15/1973 UB NEUROSURGERY, INC

Page #2

### IMPRESSION:

Unremarkable MRI of the cervical spine.

READ BY..... REGENBOGEN, VICTOR S. MD

DICTATED .....: 08/08/2018 10:09 am

TRANSCRIBED BY .....: 08/08/2018 10:09 am VSR

SIGNED 08/08/2018 10:12 am

ELECTRONICALLY BY ..: REGENBOGEN, VICTOR S. MD

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# Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 347 of 387

Shaulene N Smith DOB 11/15/1973 UB NEUROSURGERY, INC

Page #2

DICTATED .....: 09/06/2018 9:58 am

TRANSCRIBED BY .....: 09/06/2018 9:58 am MSS

SIGNED

09/06/2018 10:09 am

ELECTRONICALLY BY ..: SILBER, MICHAEL S. MD

A Kaleida Health dictation system was used to prepare this Imaging report.

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unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.

#### KALEIDA HEALTH

Millard Fillmore Suburban Hospital 1540 Maple Rd

Williamsville NY 14221 (716)-568-3600 MRI Cervical spine w + w/o contra

MRI Cervical spine w + w/o contra

Exam Date/Time: 09/06/2018 09:30 Accession Number: MR-18-0018650 Reason For Exam: wedge compression fx

INDICATION: Left upper and lower extremity numbness

Name: SHAULENE N SMITH MR#: 1003295790 DOB: 11/15/1973 Age: 44 Location: KH SUBURBAN

Admission Date: 09/06/2018 08:11 Ordering Provider: Jonathan P. Riley

Patient Type: Clini

TECHNIQUE: Axial and sagittal MRI images of the cervical spine were obtained utilizing 14 cc of Omniscan.

COMPARISON: 8/20/2018

#### FINDINGS:

The bone marrow signal within the osseous structures is normal. There is mild disc degeneration seen throughout the cervical spine. There is no significant disc pathology present. There is no evidence of abnormal enhancement. The spinal cord has a normal appearance as does the visualized portion of the posterior fossa.

### IMPRESSION:

1. Normal cervical spine MRI scan

READ BY ..... SILBER, MICHAEL S. MD

# **UB NEUROSURGERY**



Romensungery
Elad I. Levy, MD, GMA, FACS, FAUA
Geogery L. Castiglia, MD, FACS
Jason M. Davies, MD, PhD
John G. Febrhach CV, MD
Strein J. Sibbons, MD, FACS, FAARS
Vectal L, MD
Douglas R. Moreland, MD, FACS
Jeffrey P., Modles, MD, 688A
Robert J., Flundritt, MD
Jacks R. Markett, J. Flundritt, MD
Jacks R. Markett, J. Flundritt, MD
Jacks R. Markett, J. Flundritt, MD

John Pellina, MD, FACS Dende Republik, MD, FAATS Jonathun Hiley, MD Adouet H. Subliqui, MD, PhD, FACS, FARA Kenneth Y. Suyder, MD, FACS, FAARS Michael R. Stollman, MD, FACS, FAARS

Intervestional Pain Management Jalar W. Shidigal, ND, FAAPNIR, DARPM Andrea C. Blong, AD, DABA, GREAPM, ACH

> Gibrageractors Jonathan F. Beck, DC Sunjay Kapase, DC

390)-A Steeklan Drive Amberst, 197 14226 7182219-1600 SAR Fax, 7184690-2001

Buildo General Medical Center 160 High Serect - Section B4 Buildo, NY 14203 710/218-1800 EMR Fac: 755/855-7480 & 7481

5939 Dig Tree Road - Sube 193 Ordand Park, NY 14127 716/218-1000 ENEE Fac: 716/677-4088

Oirbel Children's Outpottern Centur Convenius Building 1001 Main Street - Bel Pleor Buildin, NY 14203 714/218-1840 Eldir Far: 714/242-2535

> The Fark Center 180 Park Out Lane 180 Park Out L

6220 Williams Book - Seitz 3000 (Or. Michael Stoffman) Hingam Falls, NY 14304 716/218-1860 EMR For. 716/205-8385

interventkond Poin Hamagement (Dr. Jatier Siddigul, Dr. Jadoce Wong) 180 Perk Gub Lane Sobie 230 Unikannaka, HT 14221 714/210-1000 EMEFex, 716/303-7477 December 6, 2018

Patient Name:

Shaulene N Smith

Date of Birth:

11/15/1973

Attending Physician: Jonathan Riley, MD

Date of Exam: Resident Physician:

12/06/18 David Smolar, MD

History: Ms. Smith is a 45-year-old female seen in followup for her prior T12 compression fracture. The patient also noted previously to be clinically myelopathic. A workup including an MRI of the brain and the cervical spine with and without contrast and neurology consultation were completed.

The patient denies any symptoms except for continued midline back pain in the lower thoracic region at the site of her prior fracture. She also describes a burning sensation in this area. There is pain with palpation in this region. She is otherwise doing well. No difficulties with ambulation. Some longstanding left shoulder pain.

Physical Examination: Ms. Smith is awake, alert, and oriented. Face is symmetrical. Tongue is midline. In bilateral upper extremities, right upper extremity is 5/5 throughout and left upper extremity distal 4+/5 in grip which is longstanding and pain limited. No Hoffman's sign. Bilateral lower extremities are 5/5 throughout. No hyperreflexia or clonus is noted. Sensation is grossly intact to light touch throughout.

Review of Studies: Cervical spine and brain MRI with and without contrast from 09/06/2018 are unremarkable. Otherwise, no new imaging; however, MRI of the thoracic spine from 08/08/2018 is unremarkable.

Medical Decision Making: Ms. Smith is a 45-year-old female complaining only of mild midline back pain. She had a prior T12 small compression fracture which has remained stable and was treated conservatively with bracing. At this point, Ms. Smith is cleared from a neurosurgical standpoint to return to her regular activities including work. She may follow up on a PRN basis. The patient was instructed to call the office with any concerns.

Thank you for allowing us to participate in the care of this patient.

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial enco

Shaulene N Smith DD 12/06/2018

Page #2

POPL NO

Electronically signed by David Smolar, MD-Resident David Smolar, MD

I have seen and examined the patient and agree with the above.

In My

Electronically signed by Jonathan Riley, MD Jonathan Riley, MD DS/jmb

cc Lynne Ross MD

Dent Neurologic Institute Christopher Deline MD



Housenagery
Eled I. Lery, MD, MBA, FACS, FARA
Geogrey J. Gastiglia, MD, FACS
Jason M. Davies, MD, PAD
John H. Fabshock W, MD
Brein J. Gibbeno, MD, FACS, FAARS
Veetal LI, MD
Gosspac R. Moreland, MD, FACS
Jetiny P. Molle, MD, FACS
Jetiny P. Molle, MD, FACS
Rende Reynolds, MD, FACS
Rende Reynolds, MD, FACS
Rende Reynolds, MD, FACS
Addian H. Schilgen, MD, PAC, FACS, FARA
Kenneth V. Seysler, MB, FAC, FACS
Milchael R. Stoffman, MB, FACS, FARAS

leiterrentionel rom Henogement Jefer W. Seidgel, ND, FARYNE, DAIPM Andres C. Dione, ND, DANA, DREAPM, NEW

> Gibroprocters Ionathur P. Veck, IX. Sunjay Kapasu, IX.

3909-A Shedian Drive Junkent, NY 14226 714/216-1000 ELIX Fass 716/600-2001

British General Medical Center 100 High Sprpt - Section B4 Bullato, NY 1-003 716/218-1600 EMR Fact 716/859-7480 & 7481

5959 Hay Tree Bond - Subse 109 Ordinard Parks, 307 14122 714/218-1000 DANSFARE 716/677-4088

Gishel Celldren's Outpetient Contest Conventos Building 1891 Maia Street - Lei Fisor Buildo, NY 1620 716/218-1040 Build Fac: 716/342-2535

> The Park Center 188 Park Cent Lane 188 Park Cent 14221 714/837-9462 BM Fair 716/839-8570

6220 Williams Road - Salaz 3300 (Or. Michael Staffman) Hingana Falls, NY 14304 2167218-1000 EME For. 716/205-8306

interventiknal Pala Management (Dr. Jaler Siddiqui, Dr. Andrea Wang) 189 Park Créb Lane Saler 250 Utiliamaville, NY 14221 746/210-1000 EMEEnt 716/200-7677 Date: 03/14/19

Name:

Shaulene N Smith

Tomate Rlay

DOB: 11/15/1973

Shaulene N Smith may return to work on 03/18/2019 with the following restrictions: light duty.

Sincerely.

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD



MOD. BINELL

Elad L Lery, NO, NEA, FACS, FARA Gregory J. Castiglia, MD, FACS Jason M. Davies, IAD, Prid John G. Fahrbach H. MD Kerin L Gildson, MD, FACS, FAARS Vector LL MB Douglas B. Moreland, MD, FACS Robert L Prompt 10 John Pollina, MD, FACS Rende Reynolds, MO, FAATS Janathan May, MD Adian II. Sahiyal, ND, PND, FACS, FAVIA

Interventional Pain Management Jafar IV. Saldigel, MO, FAJOVIR, DAGPIR Andrea C. Wong, MO, DABA, DADAPM, MPH

Kenneth V. Sayder, MD, PhD, FAANS Michael R. Stoffman, MD, FACS, FAANS

> Chingradors Jonathan P. Beck, DC Sunjay Kapeor, DC

3980-A Sheridan Drive Amheest, HT 14235 716/218-1900 ELRIFACE 716/650-2691

Bulfalo General Medical Conter 100 High Street - Section M Buffalo, HY 14203 716/218-1000 GAR Fac: 716/659-7480 & 7481

5959 Big Tree Road - Suite 163 Occhard Park, NY 14127 716/218-1000 EMR Fax: 716/877-4038

Osbel Children's Outpatient Center Conventus Building 1001 Alain Street - 3rd Floor Bollish, NY 14203 716/218-1040 EMP For 716/343-2535

> The Park Center 100 Park Oath Lane Williamsville, IV 14221 715/114-0402 HINFE 716/839-3570

6830 Villiages Road - State 3800 (Dr. Michael Stoffman) Hisgara Falls, NY 14304 716/218-1000 EMR Fax 716/205-8986

Interventional Pain Management (Or. Julian Stabilityal, Dr. Andrew Wome) 180 Park Onto Lane Solte 150 Wallande, # 14221 714219-1800 EMR Fasc 716/980-7677 April 26, 2018

NAME: Shaulene N Smith

ID: 418036

DQB:11/15/1973

Please excuse Shaulene N Smith from work 04/26/2018 to 07/12/2018 due to illness/injury. She is scheduled to be re-evaluated on July 12, 2018 and further disability determination will be made at that time.

Sincerely,

Just Aly

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD

Jonathan Riley, MD

**Administrative Secretary:** 

Jessica Kryszak.....(716) 218-1000, ext 6116

For surgical scheduling questions:

Jessica Kryszak......(716) 218-1000, ext 6116 

It is very important to bring all imaging films or CDs and their reports if you have them to any future office visit. This could include, X-rays, CTs or MRIs. Thank you.

\*\*Please be sure to have ALL testing/referral appointments completed before FOLLOW UP appointment. Failure to do so can results in your appointment being cancelled or rescheduled to the next available appointment.\*\*



Elad I, Levy, MD, MBA, FASS, FAMA Geogory J. Castiglio, MD, FASS Jason M, Davies, MD, PiO-John G, Falmbach M, MD Revin J. Gibbons, AiD, FACS, FAMAS Yeesad LJ, MD Oronglaz B, Montland, MD, FACS Robert J, Plankett, MD John Pollina, MD, FACS Rende Reynolds, MD, FACS Rende Reynolds, MD, FACS Rende Reynolds, MD, FACS Adman H, Saldinal, MD, PhD, FACS, FAHA Kenneth V, Saydes, MD, PhD; FAANS

Interventional Pain Management Jafar W. Seldigut, MO, FAANSIK, DASPA Andres C. Wong, MO, DASA, DASAPM, MPH

Michael R. Stoffman, MD, FACS, FAANS

Chinopractors Jonathan P. Beck, IX Sunjay Kapaor, IX

3980-A Sheridan Orive Ausherst, RF 14226 7142218-1600 EMR Fox: 716/650-2691

Buffalo General Medical Center 100 High Street - Section IM Buffalo, HV 14203 714/278-1100 EARI Face 716/699-7480 & 7481

5959 Big Time Road - Suite 103 Oxford Park, HY 14127 716/218-1000 ENIT Fac 716/677-4638

Oishel Children's Outputiern Center Conventus Building 1001 Main Street - Ind Floor Buildin, NY 14203 716/210-1040 Elin Eur. 716/342-2535

> The Park Center 180 Park Chip Lane Williamorille, NY 14221 716/439-9402 Balli Fact 316/139-3570

6930 Williams Road - Softe 3900 (Dr. Mishael Stoffman) Niagara Edils, NY 14394 716/218-1008 EMH Fac: 716/205-8386

Interventional Pain Management (Or. Jusiar Statings), Dr. Andrew Wong) 160 Park Chris Lane Soluc 250 Williamsville, NY 14221 7142245-1000 CMB Fac 716/380-7677 April 26, 2018

Patient Name:

Shaulene N Smith

Date of Birth:

11/15/1973

Date of Exam:

04/26/18

Physician: Jonathan Riley, MD

History: The patient is a 44-year-old female who had a fall in early February of 2018 with the development of focal back pain. The patient recently when seen on 03/15/2018 was put in a TLSO given the presence of ongoing pain after a prior compression fracture at this point. The patient is seen on 04/26/2018 approximately two weeks after having been fitted with the TLSO. She returns to clinic at this time with new imaging.

Her symptomatology is essentially the same. She has improvement while wearing the brace but has discomfort when removing.

Physical Examination: The patient is alert and oriented x 3. Following commands positive. Pupils equal, round, and reactive to light. Extraocular movements are intact. Following commands x four extremities. She is 5/5 x four extremities.

Review of Studies: Patient has thoracic AP and lateral films which show no discernible change, certainly no worsening compression.

Medical Decision Making: The patient is a 44-year-old female status post a minimal T12 compression fracture and now with a TLSO brace. We recommend that the patient maintain a three-month period of brace utilization. We will have her follow up in clinic in approximately 2 1/2 months with a repeat CT scan. That will be a total of three months of wearing the brace. At that point in time, we will consider removing the brace and beginning the patient in physical therapy.

Thank you for allowing us to participate in this patient's care. Please do not hesitate to call with any questions or concerns.

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture

Sincerely,

Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 355 of 387

Shaulene N Smith DD 04/26/2018

Jones Rley

Page #2

Electronically signed by Jonathan Riley, MD Jonathan Riley, MD

JR/jmb

ce Lynne Ross MD

#### KALEIDA HEALTH

DeGraff Memorial Hospital 445 Tremont Street

N. Tonawanda NY 14120 (716)-694-4500 Spine lumbosacral- 2 or 3 views

Spine lumbosacral- 2 or 3 views

Exam Date/Time: 06/18/2018 10:09 Accession Number: DX-18-0106014 Reason For Exam: wedge comp fx Name: SHAULENE N SMITH

MR#: 1003295790 DOB: 11/15/1973 Age: 44 Location: KH DMH

Admission Date: 06/18/2018 09:40 Ordering Provider: Jonathan P. Riley

Patient Type: Clini

CLINICAL INDICATION: The patient is a 44-year-old female with history of a T12 compression fracture after a fall in February of this year. Patient complains of numbness involving the left toes.

TECHNIQUE: AP and lateral views of the lumbar spine are obtained.

COMPARISON: None.

FINDINGS: Exam demonstrates T12-S1. Osteoarthritis and disc disease is seen throughout the lumbar spine. Subtle loss of vertebral body height at T12 is unchanged from the prior exam. Paraspinal soft tissues are unremarkable.

IMPRESSION: Osteoarthritis and disc disease. Stable T12 compression fracture as described above.

READ BY ..... STOKOE, GAIL E. MD

DICTATED ...... 06/18/2018 10:47 am

TRANSCRIBED BY ....: 06/18/2018 10:47 am GES

#### KALEIDA HEALTH

DeGraff Memorial Hospital 445 Tremont Street

N. Tonawanda NY 14120 (716)-694-4500 Spine thoracic- 2 views

Spine thoracic- 2 views

Exam Date/Time: 06/18/2018 10:09 Accession Number: DX-18-0106013 Reason For Exam: wedge comp fx Name: SHAULENE N SMITH

MR#: 1003295790 DOB: 11/15/1973 Age: 44 Location: KH DMH

Admission Date: 06/18/2018 09:40 Ordering Provider: Jonathan P. Riley

Patient Type: Clini

CLINICAL INDICATIONS: The patient is a 44-year-old female with numbness in the fingers.

TECHNIQUE: AP, lateral views of the thoracic spine are obtained.

COMPARISON: 03/15/2018.

FINDINGS: Exam demonstrates T1-T12. There is subtle loss of vertebral body height at T12 unchanged comparison the prior exam consistent with a subtle compression fracture. Osteoarthritis and disc disease is seen throughout the remaining thoracic spine. Pedicles are well-visualized. Paraspinal soft tissues are unremarkable.

IMPRESSION: Mild osteoarthritis and disc disease. Stable subtle T12 compression fracture seen. No acute bony abnormality is identified.

READ BY ..... STOKOE, GAIL E. MD

DICTATED ...... 06/18/2018 10:48 am

TRANSCRIBED BY .....: 06/18/2018 10:48 am GES



# NEUROSURGERY UBNS.COM

July 12, 2018

History MD, MBA, FASS, FANA Gergory J. Cardglis, ND, FACS Jason M, Davies, MD, Pilo John G, Fahrhach M, MD Kevin J. Gilbbors, ND, FACS, FAANS

Feetal LL Ma Gougha B. Moreland, MD, FACS Robert J. Plunkert, MD John Politina, MD, FACS Rende Reynolds, MD, FACIS Gonathan Way, MD

Adrian H. Skillingd, MD, PhD, FACS, FAUA Kenneth V. Snyder, MD, PhD, FACHS Michael R. Stoffman, MD, FACS, FAMIS

ts**herventicsal Poin Management** Jabr W. Sahdigut, MD, FAAPVIR, DABPM Andres C. Wong, MD, DABA, DABAPM, MPH

> Chicopractors Jonathuo P. Beck, DC Sunjay Kapoor, DC

3980-A Sheridan Drive Amhust, NY 16226 716/218-1800 EAR Fac: 716/650-2691

Buffalo General Medical Center 100 High Street - Serikon B4 Buffalo, HY 14203 716/219-1000 EMR Fazz 716/659-7480 & 7481

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6930 Villiams Road - Saite 1900 (Dr. Michael Staffinan) Hiagara Falls, NY 14194 216/214-1000 Edili Face 716/205-1386

Interventional Pain Management (Cr. Jefer Schögol, Dr. Andrea Wong) 160 Perk Club Lane Subsc350 Willamsville, NY 14221 774/248-1000 EMB Fasc 714/780-7677 NAME: Shaulene N Smith

ID: 418036

DOB:11/15/1973

Please excuse Shaulene N Smith from work 07/12/2018 to 08/17/2018 due to illness/injury. She is scheduled to be re-evaluated and further disability determination will be made at that time.

Sincerely,

In Ru

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD

Jonathan Riley, MD

Administrative Secretary:

Jessica Kryszak.....(716) 218-1000, ext 6116

For surgical scheduling questions:

Jessica Kryszak......(716) 218-1000, ext 6116
For billing questions......(716) 218-1000, Press 2

It is very important to bring all imaging films or CDs and their reports if you have them to any future office visit. This could include,X-rays, CTs or MRIs. Thank you.

\*\*Please be sure to have <u>Al.1.</u> testing/referral appointments completed before FOLLOW UP appointment. Failure to do so can results in your appointment being cancelled or rescheduled to the next available appointment.\*\*

Shaulene N Smith DOB 11/15/1973 UB NEUROSURGERY, INC

Page #2

SIGNED

06/18/2018 10:49 am

ELECTRONICALLY BY ..: STOKOE, GAIL E. MD

A Kaleida Health dictation system was used to prepare this imaging report.

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Please contact the Radiology department if there are questions about contents of this report.

SHAULENE SMITH- DOB: 11/15/1973

Generated at 03/20/2018 11:12 AM

SHAULENE SMITH

Source MRN: 2000001735560 HEALTHeLINK ID: 2000001735560

655 OLIVER ST APT 2 N TONAWANDA, NY 14120-(716)310-6649

#### ENCOUNTERS

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#### RESULTS

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Diagnostic Imaging	03/15/2018 10:59 AM	Final	MD JONATHAN	RILEY (Ordering)	Normal	Kaleida Health System	

## SPINETHORACIO-2 VIEWS RECORD ON OCHO2016 1220 PM ORGANIZER NOTES:

ACCESSION NUMBER: DX180047461

INDICATION: FOLLOW-UP OF FRACTURE OF T12 SEEN ON THE CT EXAMINATION OF 2/3/2018.

#### FINDINGS:

AP AND LATERAL VIEWS OF THE THORACIC SPINE , AP VIEW OF THE CERVICOTHORACIC JUNCTION AND A LATERAL VIEW THE THORACOLUMBAR JUNCTION DEMONSTRATE NORMAL CURVATURE.

MILD COMPRESSION OF THE SUPERIOR ENDPLATE OF T12 IS SEEN.

NO RETROLISTHESIS IS SERN.

MILD DISC SPACE NARROWING OF T11-T12 IS SEEN.

THE REMAINDER THE THORACIC VERTEBRAB ARE NORMAL IN HEIGHT.

#### IMPRESSION:

MILD COMPRESSION OF THE SUPERIOR ENDPLATE OF T12 IS SEEN.

NO SIGNIFICANT CHANGE IS SEEN FROM THE CT EXAMINATION OF 2/3/2018.

THE REMAINDER THE THORACIC VERTEBRAE APPEAR NORMAL IN HEIGHT AND ALIGNMENT.

READ BY..... MAKHIJA, JASBEER S. MD

DICTATED ..... 03/15/2018 12:16 PM

TRANSCRIBED BY....: 03/15/2018 12:16 PM JSM

SIGNED 03/15/2018 12:19 PM

ELECTRONICALLY BY ..: MAKHIJA, JASBEER S. MD

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Flad I, Levy, MD, MBA, FRCS, FRIM
Gregory J. Castiglia, MD, FRCS
Asson M. Davies, MD, FRCS
Asson M. Davies, MD, FRCS
Ashon G. Fainbach IV, MD
Nevin J. Gibbons, MD, FRCS, FAMIS
Smen Men, MD, FRCS
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MONTH J. Pluminist, MD
John Pollma, MD, FRCS
Jenathan Rieg, MD
Rente Reymoths, MD
Adnan H. Siddinas, MD, FRCS, FRAN
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Mildael R. Stoffman, MD, FRCS, FAMIS

interventional Pain Alamagement Jafar W. Siddiqui, MD, FAAPMR, DABPA Andrea Wong, MD

> Chiropsacions Jonathan P. Beck, DC Sanjay Rapson, DC

3980-A Sheridan Drive Amherst, NY 14226 7167218-1000 ENIR Fac: 716/650-2691

fluifialo General Medical Centres 100 High Street - Section B4 Buffalo, NY 14203 716/218-4900 EMR Fox: 716/859-7480 & 7481

5959 Big Tree Road - Suba 103 Orthuró Paik, 167 14127 714/218-1006 BMR Facc 716/677-4038

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> The Park Center 180 Park Club Lane Williamsville, MY 10221 716/039-9402 EMR Fax: 716/039-3570

6930 Williams Boad - Sabe 3800 (Or. Nichel Stoffman) Niagara Fals, NY 14304 714/218-1000 FAB Fac: 716/205-8186

Interventional Palo Management (Dr. Infar Stiddgul, Dr. Andrea Wong) 180 Park Club Lane Suite 250 Williamsville, NT 14221 7762759-7908 March 15, 2018

Patient Name:

Shaulene N Smith

Date of Birth:

11/15/1973

Date of Exam: Physician:

Jonathan Riley, MD

History: The patient is a 44-year-old female who had a fall in early February of 2018 after which she developed focal back pain. This was controlled with medication in the days immediately following, but this has not improved, the patient being now approximately six weeks after this event. The patient describes her pain as being focal in the thoracolumbar area. It is not radicular and is not radiating. She has no numbness, tingling, or weakness in her lower extremities. She has no bowel or bladder dysfunction.

Past Medical History: Patient has a prior diagnosis of iron deficiency anemia and obesity.

Past Surgical History: Patient has had uterine biopsy and cyst removal of her right wrist x 2.

Family History: Notable for father having diabetes, her mother having hypertension previously, deceased. She has two brothers and six sisters, all alive and well.

Physical Examination: The patient is alert and oriented x 3. Following commands positive. Pupils equal, round, and reactive to light. Extraocular movements are intact. Following commands x four extremities. She is 5/5 x four extremities with focal tenderness to palpation of her thoracolumbar junction.

Review of Studies: She has imaging to include a CT scan from 02/03/2018 which demonstrates minimal thoracic compression fracture at the T12 level with minimal height loss.

Medical Decision Making: The patient is a 44-year-old female with ongoing back pain after a prior thoracic compression fracture from a fall. At the present time, we recommend the patient obtain repeat standing thoracic plain films, AP and lateral, including lumbar standing AP and lateral films. We recommend that the patient be fitted with a backpack style TLSO brace for comfort, assuming that these standing films are unremarkable in comparison to her prior CT scan. We recommend the patient to come back in another six weeks at three months post injury for CT scan of her thoracic and lumbar spine to ensure that there has been no worsening height loss and that there is no concern for stability.



Etail L. Leay, MID, MEB, FMCS, FRMA Gregory J. Cardiglia, MiD, FMCS Jason M. Dovies, MiD, FMCS John G. Fahrbach IV, MiD Kevin J. Gibbons, MiD, FACS, FAMIS Vectal II, MiD Douglas B. Moreland, MiD, FACS Simon Morr, MiD, MPH Robert J. Pluvinski, AMD John Politics, MiD, FACS Jensthan Riley, MiD Bende Reynolds, MiD Mchael R. Stoffman, MiD, FACS, FAMIS

Interventional Pate Management Jafor W. Shidiqui, MD, FAAPNR, DARPIA Andres Wong, MD

> Chiropeactors Jonathan P. Beck, DC Sunjay Kapacer, DC

3930-A Sheridan Drive Araherst, NY 14226 716/718-1000 EMB Fox: 716/630-2691

Buffelo General Medical Center 100 High Street - Section 84 Buffelo, NY 14203 **716/218-1000** EMR Fac: 716/859-7480 & 7481

5959 Big Tree Road - Suite 103 Ordinard Park, NY 14127 716/218-1600 EMR Fac 716/677-4038

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> The Rack Center 180 Park Guit Lace Villianselle, NY 14221 716/459-9402 EMR Facc 716/659-3570

4990 Williams Road - Suite 3800 (Dr. Michael Stoffman) Nagara Falls, NY 14304 710/218-1000 EHB Fast 716/205-8386

interventional Pale Management Oz. Jafar Steldiqui, Dr. Andrea Wong) 180 Park Club Lane Suite 250 Williamsville, NY 14223 7462764-7408 March 23, 2018

NAME: Shaulene N Smith

DOB:11/15/1973

ID: 418036

Please excuse Shaulene N Smith from work 03/15/2018 to 04/26/2018 due to illness/injury. She is scheduled to be re-evaluated on April 26, 2018 and further disability determination will be made at that time.

Sincerely.

Jan Ry

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD

Jonathan Riley, MD

Administrative Secretary:

Jessica Kryszak......(716) 218-1000, ext 6116

For surgical scheduling questions:

Jessica Kryszak......(716) 216-1000, ext 6116 For billing questions......(716) 218-1000, Press 2

It is very important to bring all imaging films or CDs and their reports if you have them to any future office visit. This could include,X-rays, CTs or MRIs. Thank you.

\*\*Please be sure to have ALL testing/referral appointments completed before FOLLOW UP appointment. Failure to do so can results in your appointment being cancelled or rescheduled to the next available appointment.\*\*

SHAULENE SMITH- DOB: 11/15/1973

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PLEASE CONTACT THE RADIOLOGY DEPARTMENT IF THERE ARE QUESTIONS ABOUT CONTENTS OF THIS PLEASE CONTACT THE RADIOLOGY DEPARTMENT IF THERE ARE QUESTIONS ABOUT CONTENTS OF THIS REPORT.

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Elad L Lery, MD, MBA, FACS, FAHA Geogory J. Costiglio, MD, FACS Jason M. Davier, MD, Philiphin G. Fahrbach PY, MD John G. Fahrbach PY, MD Kevin J. Gilbhons, MD, FACS, FAAMS Yeestal LI, MD Douglas B. Moreland, MD, FACS Robert J. Plunkert, MD John Pollina, MD, FACS Rende Reynolds, MD, FACS Gonathan Wiley, MD

Adnan H. Sakligut, MD, PhD, FACS, FAHA Kenneth Y. Snyder, MD, PhD, FAANS Michael B. Stoffman, MD, FACS, FAANS Interventional Palm Management

Interventional Palm Management Jafar W. Saldigel, MD, FAAPHIK, DABPAI Andres C. Wong, MD, DABA, DABAPAI, MPH

> Chiraprectors Jonathan P. Beck, DC Sunjay Kapuor, DC

3980-A Sheridan Drive Amherst, NY 14226 7162218-1000 EMR Facc 716/650-2691

Buffalo General Medical Center 100 High Street - Seriton B4 Suffalo, NY 14203 716/218-1000 EMR Fax: 716/699-7480 & 7481

5959 Big Tree Road - Suite 103 Oxband Park, NY 14127 714/218-1000 EMR Fac: 716/677-4638

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> The Park Center 180 Park Club Lane Williamsville, NY 14221 714/139-1402 EMR Fact 716/839-3570

6930 Williams Road - Solite 3900 (Dr. Michael Suffman) Hiagara Fells, NY 14394 **716/218-1**000 EMIR Forc 716/205-8386

Interventional Pain Management (Or. Juliar Stidiegol, Or. Andrea Wong) 160 Parts Curb Lane Solte 25th Williamsville, NY 14221 214/218-1008 EMB Fast 716/389-7577 July 12, 2018

Patient Name:

Shaulene N Smith

Date of Birth:

11/15/1973 07/12/18

Date of Exam:
Resident Physician

Resident Physician: Michael Kogan, MD Attending Physician: Jonathan Riley, MD

History: This is a 44-year-old female who obtained a compression fracture due to a fall on ice with no loss of consciousness in February of 2018. Subsequently, she has had severe back pain that has largely been unchanged in the brace. She presents today with followup thoracolumbar x-rays as was the plan on her last visit two months ago.

At this point, she says that her back pain is persistent and really has not improved at all even with the brace. She does admit to a mechanical component, although she states that the pain is pretty much present throughout. She does have pain when she sleeps. She completely denies any radicular-like pain or neck pain at this point; however, she does admit to impressive symptoms worsening over the last 1 1/2 months in her left upper and left lower extremity. She states that she has had some weakness in her hand and has numbness in all of her fingers as well as her large toe in the left lower extremity. She denies any acute changes but does state that this bothers to a very large extent. She denies any particular dermatomal sensory losses or radicular symptoms. She has no previous history of any kind of neurological deficits prior to this.

Physical Examination: The patient is alert, awake, and appropriate. Face is symmetric. Voice is clear. She is full strength on the right. On the left upper extremity, she is 4+/5 proximally and 4/5 distally. She has a Hoffmann's sign in the right upper extremity, minimal reflexes in the left upper extremity. She has diminished pinprick on the lateral side of her hand as well as a loss of light touch sensation there. Proprioception is intact. She has difficulty with rapid hand movements in the right upper extremity as well. The left lower extremity is 4+/5 throughout. She has hyperreflexia in her left patella compared to her right and diminished pinprick medially in her foot. She does have pain to palpation in her mid back that seems to correlate with her imaging.

Review of Studies: X-rays from 06/18/2018 were reviewed and compared to previous thoracolumbar x-rays. There is no progressive loss of height in her T12 vertebral body.

Medical Decision Making: The patient has a stable T12 compression fracture and has persistent pain. There is no progressive deformity in her thoracic spine. The

Shaulene N Smith DD 07/12/2018

Page #2

larger issue for her is her likely myelopathy considering her physical exam findings and complaints. We will discuss bringing her in for an MRI of the cervical spine. We will also

Thank you for allowing us to participate in the care of this patient.

**Diagnosis:** Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Cervical disc disorder with myelopathy, unspecified cervical region

m

Electronically signed by Michael Kogan, M.D.-Resident Michael Kogan, MD

Addendum: I have seen and examined the patient with the resident physician and agree with the above plan. We will plan for cervical MRI in setting of upper extremity numbness and onset of physical exam findings concerning for cervical myelopathy. We will also obtain thoracic imaging to attempt to clear patient of her TLSO

Inte Rly

Electronically signed by Jonathan Riley, MD Jonathan Riley, MD

MK/jmb

ccLynne Ross MD

Elad L. Levy, MD, MBA, FACS, FAHA Gregory J. Cestigilla, MD, FACS Jason M. Davies, IAD, PhO John G. Fahrhach IV, MD Kevin J. Gibbons, MD, FACS, FAANS Veetaf LL MD Country B. Moreland, MD, FACS Robert J. Plunkert, MD John Politica, MD, FACS Renée Reynolds, MD, FAARIS Jonathan Bley, MD Adman H. Sabdicus, MD, PhD, FACS, FAHA Kenneth V. Sayder, MD, PhD, FAARS Michael R. Stoffman, MD, FACS, FAANS

Interventional Pain Management Jafar W. Saldkool, IND, FAAPHIK DABPAA Andres C. Wong, MD, DABA, DABAPIA, MPH

> Chiragracters Jonathan P. Beck, DC Sunjay Kapper, DC

3980-A Sheridan Drive Amherst, KY 14226 716/218-1000 EMR Fax: 716/650-2691

Buffalo General Medical Center 100 High Street - Section M Buffalo, NY 14203 716/218-1900 EMR Fac: 716/639-7480 & 7481

5959 Big Tree Road - Suite 103 Orchard Park, NY 14127 716/218-1900 EMR Fax: 716/677-4038

Obshel Children's Outpatient Center Conventus Building 1001 Alain Street - 3rd Fluor Boffalo, NY 14203 716/218-1040 EMR Fax: 716/342-2535

> The Park Center 180 Park Oab Lane Williamsville, HY 14221 716/239-9402 EMR Ruc 716/839-3570

6930 Williams Road - Some 3800 (Dr. Michael Stoffman) Hiagara fails, NY 14304 716/214-1009 EMR Parc 716/205-8386

Interventional Pain Management (Or. Jefar Sticking), Dr. Andrea Wong) 180 Park Club Lame Solve 250 Wallansville, NY 14221 714/218 1000 EMR Fax: 716/580-7677 April 26, 2018

Patient Name:

Shaulene N Smith

Date of Birth:

11/15/1973

Date of Exam:

04/26/18

Physician:

Jonathan Riley, MD

History: The patient is a 44-year-old female who had a fall in early February of 2018 with the development of focal back pain. The patient recently when seen on 03/15/2018 was put in a TLSO given the presence of ongoing pain after a prior compression fracture at this point. The patient is seen on 04/26/2018 approximately two weeks after having been fitted with the TLSO. She returns to clinic at this time with new imaging.

Her symptomatology is essentially the same. She has improvement while wearing the brace but has discomfort when removing.

Physical Examination: The patient is alert and oriented x 3. Following commands positive. Pupils equal, round, and reactive to light. Extraocular movements are intact. Following commands x four extremities. She is 5/5 x four extremities.

Review of Studies: Patient has thoracic AP and lateral films which show no discernible change, certainly no worsening compression.

Medical Decision Making: The patient is a 44-year-old female status post a minimal T12 compression fracture and now with a TLSO brace. We recommend that the patient maintain a three-month period of brace utilization. We will have her follow up in clinic in approximately 2 1/2 months with a repeat CT scan. That will be a total of three months of wearing the brace. At that point in time, we will consider removing the brace and beginning the patient in physical therapy.

Thank you for allowing us to participate in this patient's care. Please do not hesitate to call with any questions or concerns.

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture

Sincerely,

Shaulene N Smith DD 04/26/2018

Page #2

Jones Rley

Electronically signed by Jonathan Riley, MD Jonathan Riley, MD JR/jmb cc Lynne Ross MD

Elad L Levy, MiD, MBA, FACS, FARM Gregory I. Castiglia, MiD, FACS Juson M. Dowles, MiD, FACS Juson M. Dowles, MiD, FACS, Kevin J. Gibbons, MiD, FACS, FAANS Vectar II, MiD Douglas B. Morshand, AID, FACS Siraon Moert, MiD, MPH Robert J. Pluminati, MiD, John Politina, MiD, FACS Jonathan Rigs, MiD John Politina, MiD, FACS Kenneth V. Stryder, MiD, PhiD Michael R. Stoffman, MiD, FACS, FAANS

Interventional Pain Management Jafar W. Siddiqui, MD, FAAPMR, DABPM Andrea Wong, MD

> Chiropencions Jonathan P. Beck, DC Surgay Kapoor, DC

3980-A Sheridan Orive Amberst, NY 14226 3716/2718-1000 FMB Far: 716/650-2691

Buffielo General Abedical Centes 100 High Street - Saction BA Buffielo, NY 14203 **716/214-1600** EMR Fax: 716/859-7480 & 7481

5959 Big Tree Road - Suite 103 Ordinard Park, 107 14127 716/218-1600 EMR Fax: 716/677-4038

Dishei Children's Outpatient Center Convenus Building 1001 Main Street - 3rd Floor Buffalo, NY 14222 710/218-1040 EMR Fac 716/342-2535

> The Park Center 180 Park Club Lane Williamsville, NY 14221 716/839-3602 EMR Fac: 716/839-3570

6930 Williams Boad + Suite 3800 (Dr. Michael Stoffman) Niagara Falls, NY 14304 716/219-1800 EMB Fasc 716/205-8386

interventional Pala Management (Dr. Jafar Siddiqui, Dr. Andrea Wong) 180 Park Club Lane Suite 250 Williamsville, NY 14223 796/2781-1804 March 15, 2018

Patient Name:

Shaulene N Smith

Date of Birth: Date of Exam: 11/15/1973 03/15/18

Physician:

Jonathan Riley, MD

History: The patient is a 44-year-old female who had a fall in early February of 2018 after which she developed focal back pain. This was controlled with medication in the days immediately following, but this has not improved, the patient being now approximately six weeks after this event. The patient describes her pain as being focal in the thoracolumbar area. It is not radicular and is not radiating. She has no numbness, tingling, or weakness in her lower extremities. She has no bowel or bladder dysfunction.

Past Medical History: Patient has a prior diagnosis of iron deficiency anemia and obesity.

Past Surgical History: Patient has had uterine biopsy and cyst removal of her right wrist x 2.

Family History: Notable for father having diabetes, her mother having hypertension previously, deceased. She has two brothers and six sisters, all alive and well.

Physical Examination: The patient is alert and oriented x 3. Following commands positive. Pupils equal, round, and reactive to light. Extraocular movements are intact. Following commands x four extremities. She is 5/5 x four extremities with focal tenderness to palpation of her thoracolumbar junction.

Review of Studies: She has imaging to include a CT scan from 02/03/2018 which demonstrates minimal thoracic compression fracture at the T12 level with minimal height loss.

Medical Decision Making: The patient is a 44-year-old female with ongoing back pain after a prior thoracic compression fracture from a fall. At the present time, we recommend the patient obtain repeat standing thoracic plain films, AP and lateral, including lumbar standing AP and lateral films. We recommend that the patient be fitted with a backpack style TLSO brace for comfort, assuming that these standing films are unremarkable in comparison to her prior CT scan. We recommend the patient to come back in another six weeks at three months post injury for CT scan of her thoracic and lumbar spine to ensure that there has been no worsening height loss and that there is no concern for stability.

Page #2

DME - PRODUCT:

Backpack TLSO: Horizon 456 (Breg/Aspen) - L0456

Shaulene N Smith was prescribed this orthosis for the following reasons of medical necessity:

Diagnosis: S22.080A - Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture

To reduce pain by restricting mobility of the neck or trunk prior to any further intervention or hospital stay;

To facilitate healing following a surgical procedure on the spine or related soft tissue;

To facilitate healing following an injury to the spine or related soft tissues;

To otherwise support weak spinal muscles and/or deformed spine

For non-surgical medical management (conservative treatment) to assess the need and/or effectiveness for potential surgery.

Thank you for allowing us to participate in this patient's care. Please do not hesitate to call with any questions or concerns.

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture

Sincerely,

Electronically signed by Jonathan Riley, MD

Jones Rley

Jonathan Riley, MD

JR/jmb

cc Lynne Ross MD

SHAULENE SMITH - DOB: 11/15/1973

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SHAULENE SMITH

Source MRN: 2000001735560 HEALTHeLINK ID: 2000001735560

655 OLIVER ST APT 2 N TONAWANDA, NY 14120-(716)310-6649

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0	Radiology	Attending	: MD JONATHAN	DERS	03/15/2018 - (No End	Kaleida Health
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#### RESULTS

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Diagnostic Imaging	03/15/2018 10:59 AM	Final	MD JONATHAN RILE	Y (Ordering) Normal	Kaleida Health System

# SPINE THORACIC- 2 VIEWS Reported On: 03/15/2018 12:20 PM ORGANIZER NOTES:

ACCESSION NUMBER: DX180047461

INDICATION: FOLLOW-UP OF FRACTURE OF T12 SEEN ON THE CT EXAMINATION OF 2/3/2018.

#### FINDINGS:

AP AND LATERAL VIEWS OF THE THORACIC SPINE, AP VIEW OF THE CERVICOTHORACIC JUNCTION AND A LATERAL VIEW THE THORACOLUMBAR JUNCTION DEMONSTRATE NORMAL CURVATURE.

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NO RETROLISTHESIS IS SEEN.

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THE REMAINDER THE THORACIC VERTEBRAB ARE NORMAL IN HEIGHT.

### IMPRESSION:

MILD COMPRESSION OF THE SUPERIOR ENDPLATE OF T12 IS SEEN.

NO SIGNIFICANT CHANGE IS SEEN FROM THE CT EXAMINATION OF 2/3/2018.

THE REMAINDER THE THORACIC VERTEBRAE APPEAR NORMAL IN HEIGHT AND ALIGNMENT.

READ BY..... MAKHIJA, JASBEER S. MD

DICTATED ..... 03/15/2018 12:16 PM

TRANSCRIBED BY....: 03/15/2018 12:16 PM JSM

SIGNED 03/15/2018 12:19 PM

ELECTRONICALLY BY ..: MAKHIJA, JASBEER S. MD

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SHAULENE SMITH- DOB: 11/15/1973

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PLEASE CONTACT THE RADIOLOGY DEPARTMENT IF THERE ARE QUESTIONS ABOUT CONTENTS OF THIS REPORT.

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Flag: General, Low, High



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Gregory J. Cantigila, M.D., FACS
Asson M. Davies, M.D., FACS,
Asson M. Davies, M.D., FACS, FAANS
Vectal J., Gibbons, M.D., FACS, FAANS
Vectal J., Gibbons, M.D., FACS, FAANS
Smort Morr, M.D., M.P.H.
Robert J. Phoriscit, M.D.
John Politina, M.D., FACS,
Jonathan Riley, M.D.
Fache, R.D., FACS, FAFA
Kenneth V. Sinydey, M.D., Ph.D.
Michael B. Stoffman, M.D., FACS, FAFANS

Interventional Pale Atamagement Jafar W. Siddiqui, MD, FAAPMR, DABPIA Andrea Wong, MD

> Chiropractors Jonathan P. Beck, DC Sunjay Kapoor, DC

3950-A Sheridan Drive Amherst, NY 14226 716/218-1000 EMII Fac: 716/650-2691

Buffelo General Medical Center 100 High Street - Section B4 Buffelo, NY 14203 **716/219-1600** EMIR Fax: 716/859-7480 & 7481

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6930 Williams Road - Suite 3800 (Dr. Wilchel Stoffman) Nagara Falls, NY 14304 **716/218-1800** EMB Fast 716/205-8386

interventional Palo Management Ox. Juliar Steffiqui, Ox. Andrea Wong) 180 Park Club Lane Suite 250 Williamsville, NY 14223 716/278-1604 March 23, 2018

NAME: Shaulene N Smith

ID: 418036

DOB:11/15/1973

Please excuse Shaulene N Smith from work 03/15/2018 to 04/26/2018 due to illness/injury. She is scheduled to be re-evaluated on April 26, 2018 and further disability determination will be made at that time.

Sincerely,

ILE AL

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD

Jonathan Riley, MD

Administrative Secretary:

Jessica Kryszak.....(716) 218-1000, ext 6116

For surgical scheduling questions:

Jessica Kryszak.....(716) 218-1000, ext 6116 For billing questions......(716) 218-1000, Press 2

It is very important to bring all imaging films or CDs and their reports if you have them to any future office visit. This could include,X-rays, CTs or MRIs. Thank you.

\*\*Please be sure to have <u>ALL</u> testing/referral appointments completed before FOLLOW UP appointment. Failure to do so can results in your appointment being cancelled or rescheduled to the next available appointment.\*\*

# **DISBURSEMENTS**

DAVID W. POLAK ATTORNEY AT LAW PC OPERATING ACCOUNT 1970 UNION RD WEST SENECA, NY 14224 PH. 716-675-2889	1-1 Filed 04/20/21 Page 374 of 387 10322
TWELVE DOUBLE AND FORESTOR	1 FUBIT CIENTS DOLLARS
DAVID W. POLAK ATTORNEY AT LAW PC	10323
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₩0 DOWARS PMN RUBH <b>**Citizens Banks</b> FOR	DOLLARS  DOLLARS
DAVID W. POLAK ATTORNEY AT LAW PC OPERATING ACCOUNT 1370 UNION RD	10324
OPERATING ACCOUNT. 1970 UNION RD. WEST SENECA, NY 14224 PH. 716-675-2889  PAY TO THE ORDER OF	DATE 6 15 18 29-1310-213  \$ 15.34  THE CHAIS DOLLARS
**Citizens Bank*  FOR SHAWENE SMITH	

1 30.

**Ciox Health**P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
1-800-367-1500



Invoice #: 0241489280 Date: 3/27/2018 Customer #: 1548595

Ship to:	
Onip to.	

David W Polak David W Polak 1370 UNION RD WEST SENECA, NY 14224-2919 Bill to:

David W Polak David W Polak 1370 UNION RD WEST SENECA, NY 14224-2919 Records from:

DEGRAFF MEMORIAL HOSPITAL 445 TREMONT AVE KENMORE, NY 14217-2235

Requested By: DAVID W POLAK Patient Name: SMITH SHAULENE

000-00-0000 11-15-1973 1003295790

Description	Quantity	Unit Price	Amount
Basic Fee			0.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	18	0.75	13.50
Shipping			1.84
Subtotal			15.34
Sales Tax			0.00
Invoice Total			15.34
Balance Due			15.34
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Ciox Health

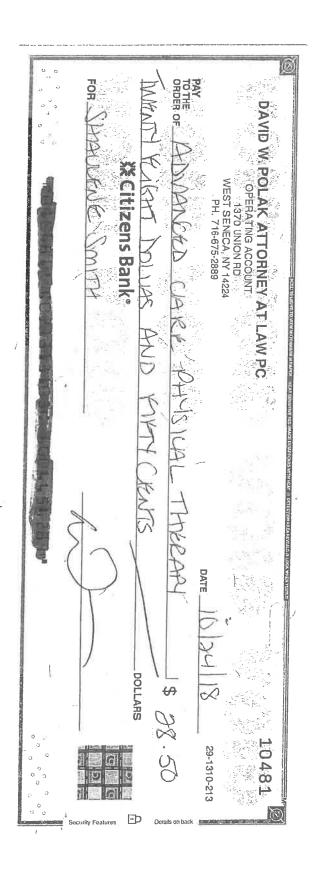
P.O. Box 409740 Atlanta, Georgia 30384-9740 Fed Tax ID 58 - 2659941 1-800-367-1500

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From:



DATE: September 11, 2018

ATTORNEY: David W. Polak

FAX: 716-675-2885

DEAR SIR/MADAM: CHERY! Scherik

The recording fee for our clinic is \$.75 per page.

RE: Smill Smill

For the above mentioned payment, the charge is as follows:

<u> 38</u> Pages x \$.75= <u>08 5</u>0

For your convenience, we have 2 payment options that include checks or credit card Please make checks payable to:

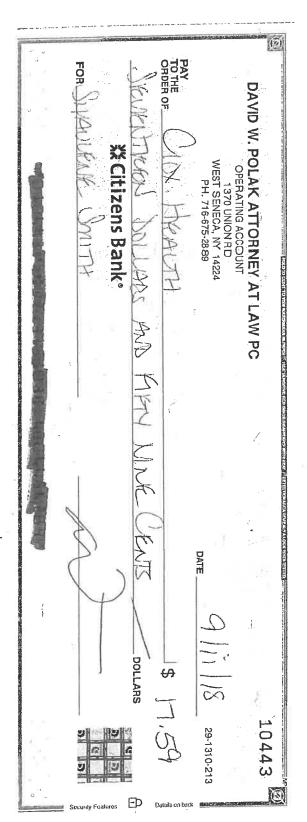
Advanced Care Physical Therapy 924 Main St Niagara Falls, NY 14301 Tax ID# 16-1608285

Or call 716-282-2888 and we can apply payment with credit card information

If we can be of further assistance to you in this matter, please contact our office at 716-282-2888 during our business hours of Monday-Friday 7am-7pm

Professionally,

**Advanced Care Physical Therapy Confidentiality Notice Applies** 



## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 379 of 387

Ciox Health P.O. Box 409740 Atlanta, Georgia 30384-9740 Fed Tax ID 58 - 2659941



Invoice #: 0253823366 Date: 8/24/2018 Customer #: 1548595

Shin	to:

1-800-367-1500

David W Polak David W Polak 1370 UNION RD WEST SENECA, NY 14224-2919 Bill to:

David W Polak David W Polak 1370 UNION RD WEST SENECA, NY 14224-2919 Records from:

MILLARD FILLMORE SUBURBAN HOSP 1540 MAPLE RD WILLIAMSVILLE, NY 14221-3647

Requested By: DAVID W POLAK Patient Name: SMITH SHAULENE

DOB:

1003295790 11151973

Description	Quantity	Unit Price	Amount			
Basic Fee			0.00			
Retrieval Fee			0.00			
Per Page Copy (Paper) 1	21	0.75	15.75			
Shipping			1.84			
Subtotal Sales Tax			17.59			
Invoice Total			0.00			
Balance Due			17.59 17.59			
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DAVID W. POLAK ATTORNEY AT LAW PC  OPERATING ACCOUNT  1370 UNION RD  WEST SENECA, NY 14224  PH. 716-675-2889  DATE  DATE  S GU. 45  S GU. 45	enures L Details on back &
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XX Citizens Banks FOR SILVANCE VICE SONITH	ACCULATION FEETINGS LAMES LINES ON DROIT STATES

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## Case 1:21-cv-00530-LJV Document 1-1 Filed 04/20/21 Page 381 of 387

Clox Health P.O. Box 409740 Atlanta, Georgia 30384-9740 Fed Tax ID 58 - 2659941 1-800-367-1500



Invoice #: 0239628734 Date: 3/2/2018 Customer #: 1548595

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David W Polak David W Polak 1370 UNION RD WEST SENECA, NY 14224-2919 Bill to:

David W Polak David W Polak 1370 UNION RD WEST SENECA, NY 14224-2919 Records from:

**DEGRAFF MEMORIAL HOSPITAL** 445 TREMONT AVE KENMORE, NY 14217-2235

Requested By: DAVID W POLAK Patient Name: SMITH SHAULENE

DOB:

1003295790 11151973

Description	Quantity	Unit Price	Amount			
Basic Fee			0.00			
Retrieval Fee			0.00			
Per Page Copy (Paper) 1	77	0.75	57.75			
Shipping			6.70			
Subtotal			64.45			
Sales Tax			0.00			
Invoice Total			64.45			
Balance Due			64.45			
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erms: Net 30 days	Please remit this amount: \$ 64	Terms: Net 30 days Places remit this amount 1 & 64 AE (UCD)				

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Check #	
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Email questions to collections@cioxhealth.com.

Case 1:21-cv-00530-Law FDocument 1-1 Filed 04/20/21 Page 382 of 387 12/9/2020 dear Sirs, My name is Shoulene Smith and my Newson For This letter is because I have no where else to turn and I am really in need of help and g undernce ON February 2, 2018 Whole working to work & Slipped and fell on the side walk where there was black ice. It was Snowing lightly and I did not Know that even though the Side Walk was Shoveled it was not Salted so it got really Slippery. Anyway I hall and could hardly stand to get up but still I pushed myself up but felt a shorp pain in my back. I thought it was just going to be sore and went to work but on the day progressed I could borely move and the pain kept getting worse. I bought some aleve but that did not help so I told my boss I needed to go home. I reached home and book an oxycodone I had from my hysterectomy surgery the year before and went to Steep but when I awake I could not move properly and the pain was now unbearable. I went to de energery won and cite e Ct Scan was told I had a TII-TIZ's compressed tracker. To was told to follow up with my Premary core and was then referred to be B roundlegy to See a neuro surgeon who then put me in a treat brace dor 3 months which ended up being nine months After which I was sent to physical therapy

I was told surgery would not help as my vertebral was crushed bot not broken and that they could not be Stronghered out. I returned a lawyer who took my case and had me sign documents that he was now representing me in my case. He advised me to call each time I went to see a specialist or had therapy which I lept doing until right before cavid sheet things down I called on the last day of my physical therapy and asked the Secretary why has it taken so long to hear any thing regarding my case and was told they had Just sent over a package with more reduced records that were requested by the City of North Tonawander attorney. This is Some thing & have done each time I call and was told the Same thing. I forgot to mention that in May 2018 We did receive a date for a 50 hearing I Hink is What it is earlied but two weeks before the hearing my lawyer concelled and had his Secretary could me to explain he was going to box be out of town on that day. My lawyer then told me each dine I called that he still has not heard anythery build regarding a new heaving. In July of Alons year I got a voice message from my long term dissability Stating that they need the noormation for my new attorney as the one May hard Said he is no longer representing me. you can imagine my Shock as I Spoke to

his office only a couple months pror and was not told this this. I mediately culled his office and his Secretary told me he would not say that as he just took the call from Shoundard Security. She told me she would have hin call me as he just Stepped out to the bank but he never coulled and I was left in the dark not knowing wheat to do or What was going on. I knowly got my lawyer after calling a Corple days and was hold he dropped my as case April 2014 and their a letter was sent out to me. He & ask ed if I move, I Soul 10 he said he had no idea wheat heppen to the letter he sent and that he thought I toolo his advice and dropped the case as I really did not have one. He Said I told the ER doctors I fell in the Street and not the Side walk and that I took on oxy codone why did I have that I was Shoaked because now he was making it seen like I was a drug addict which It I was I would not have had throse pills left over from Surgery a year earlier I asked totall my paper work which he changed me tor and when ask whey his secretary never informed me all those months when I kept calling to give indormation he said they hewen't heard from me Since he sent out the letter letting me know he was no longer my attorney. A letter I never received but yet he produced when

I went to piele up my elecuments. I have tried to retain other attorneys Since but was told nothing was done with my case and no documents were tiled. They also told me that the time had passed to file those documents and that if I had known Soonersome thing could have been done but that me not knowing my lawyer was not my lawyer meased things of My point here is is I did not have a case why agree to represent me in the first place? Why did they not dell me all those times I Called that he was not representing me? When never asked if I received the letter they sent me? I received everything else why not that letter and a letter from my lawyer is not Some thing I would ignore. I am now a broken woman who can't Stand or Sit for even a 30 minutes without feeling pain. & Can't Stand to make a proper meal for my kids who most of the time have to fend sort thenselves as I am in too much pain to Stand and Cook: I have a sit down job and stell end up in the ER because of pain In Still Leeling to this day. I was a heathy Ulbrent women who on that day when I stipped and got injured have not been the Same Since. Every day for me is alled with pain and medications that don't even help me. This lawyer never even gave me the chance to be heard and

I really don't think it's fair that he gets away with the this Misnepresentation it it can even be called that. They take an oath to Right for their clients but instead my lawyer threw me to the side and didn't even Care that I was a single mother who needs to work to take care of her family. I still do but it is hard, I push throughthe pain and after I cry in bed from all the pain in my I write this tetter because I have tried other afterneys who said there is nothing they Can do. I have called the Bor Association and even lest messages to whech there is no response. I don't deserve that this lawyer did to me and this is not about money but about how & was treated. I wish I never fell that day. because my life would have been better for it but it happened and now I will spend the rest et my life in pain as a reminder of what I went through not just with my injured Spine but for knowing I had a lawyer who did nothing

Lo help me.

I thank you for taking the time to read this I hope I hear back formyon even with some guidance of what I can do now.

Shoul Set

PRO SE ASSISTANCE - FEDERAL COURT

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